

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037325

FILED VS. OCT 27 1959 316

Registration District No. _____ Primary Registration District No. 3059 Registrar's No. 400

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY St.. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre	Length of stay in 1b *****	c. CITY OR TOWN Bonne Terre	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 132 N Spruce

3. NAME OF DECEASED (Type or print) * L O I S A L M A M E Y E R *	First Middle Last	4. DATE OF DEATH Oct 17, 1959	Month Day Year
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-19-1912	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY ****	11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Morris Jones	13b. MOTHER'S MAIDEN NAME Ida Martin	14. NAME OF HUSBAND OR WIFE Wm. H. Meyer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Wm. H. Meyer Bonne Terre, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of right ovary.		INTERVAL BETWEEN ONSET AND DEATH 9 months.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 3/20/59 to 10/16/59 and last saw her alive on 10/16/59 Death occurred at 11:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <i>Wm. H. Meyer</i>	22b. ADDRESS Bonne Terre, Missouri	22c. DATE SIGNED 10/10/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 20 1959	23c. NAME OF CEMETERY OR CREMATORY Primrose Cemetery	23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.
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24. FUNERAL DIRECTOR ADDRESS C Z Boyer & Son Inc. Bonne Terre	25. DATE RECD. BY LOCAL REG. Oct. 20, 1959	26. REGISTRAR'S SIGNATURE <i>Ether Bellhoff</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 11 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

B. T. Boyer
B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Bonne Terre,
313 Benham St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con-
with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.