

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039559

FILED VS. DEC 7 1959

15-116

Primary Registration District No. 3000

Registrar's No. 262

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Franklin</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		Length of stay in 1b <i>80 yrs.</i>		c. CITY OR TOWN <i>Washington</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Francis Hospital</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>R.I.W.</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Louis F. Meyer</i>				4. DATE OF DEATH Month Day Year <i>Dec. 2, 1959</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>11-22-1880</i>	
9. AGE (last birthday) <i>79</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>10</i>		IF UNDER 24 HR Hours <i>10</i> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Own Farm</i>		11. BIRTHPLACE (City and state or country) <i>Washington, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>							
13a. FATHER'S NAME <i>William H. Meyer</i>				13b. MOTHER'S MAIDEN NAME <i>Ida Becker</i>		13c. NAME OF HUSBAND OR WIFE <i>Ida J. Meyer</i>	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, name of unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT (Name and address) <i>Albert H. Meyer, Washington, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Cardiac Decompensation</i> DUE TO (b) <i>Chr. Myocarditis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)			
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	
21. I attended the deceased from <i>Oct 14 - 19</i> to <i>Dec 2, 59</i> and last saw ^{her} him alive on <i>Dec 3, 59</i> Death occurred at <i>8:55 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>[Signature]</i>				22b. ADDRESS <i>Washington Mo</i>		22c. DATE SIGNED <i>12/4/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Dec 5, 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St. Peter's Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Washington, Missouri</i>	
24. FUNERAL DIRECTOR <i>Hieburg & Mt. Inc. Washington, Mo</i>				25. DATE RECD. BY LOCAL REG. <i>12/5/59</i>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Lester A. Witt

Licensed Embalmer No. 3254
P. O. Address Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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.