

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-009766

FILED VS APR 11 1960

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Primary Registration District No. 3002

Registrar's No. 83

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b 3 days	c. CITY OR TOWN Montgomery City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Corinne Middle Agatha Last Meyer			4. DATE OF DEATH Month April Day 3 Year 1960			
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 8-20-1878	9. AGE (last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Wellsville, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Whitehead		13b. MOTHER'S MAIDEN NAME Annie Hoagan		14. NAME OF HUSBAND OR WIFE W. Ed. Meyer		
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 William Ed. Meyer Montgomery City Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia					INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)		DUE TO (b) arteriosclerotic Cardio Vascular - Renal Disease			years	
		DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fecal Impaction				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 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.)				
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 1958 to Death and last saw her alive on Apr 3 1960 Death occurred at 2:30 am on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Ronald Brown MD (Degree or title)			22b. ADDRESS Mexico Mo		22c. DATE SIGNED 4-5-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 5, 1960	23c. NAME OF CEMETERY OR CREMATORY Wellsville Catholic Cemetery		23d. LOCATION (City, town, or county) (State) Wellsville, Missouri		
24. FUNERAL DIRECTOR Schlanker Funeral Home		ADDRESS Montgomery City Missouri	25. DATE RECD. BY LOCAL REG. April 5-1960	26. REGISTRAR'S SIGNATURE Blanche Neely		

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. Boone Schless

Licensed Embalmer No. 4130

P. O. Address Montgomery

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.