

VITAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 18 1960

=60-019889

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5575 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Barnhart</u> Length of stay in 1b <u>5 yrs.</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R. R.#1, Barnhart</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Jefferson</u> c. CITY OR TOWN <u>Barnhart</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) <u>R.R.#1, Barnhart</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>F.</u> Last <u>METH</u>			4. DATE OF DEATH Month <u>May</u> Day <u>5</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/19/1874</u>	9. AGE (last birthday) <u>86 yrs</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Music Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Owner</u>		11. BIRTHPLACE (City and state or country) <u>Belleville, Illinois</u>			
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>George Meth</u>		13b. MOTHER'S MAIDEN NAME <u>Josepha Arnold</u>			
14. NAME OF HUSBAND OR WIFE <u>Welthea Meth</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-38-9153</u>			
17. INFORMANT <u>Welthea Meth</u>		Address <u>Barnhart, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) <u>Asphyxiation - Food Inspiration</u> 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 type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Inhaled Food Particle.</u>			
20c. TIME OF INJURY Hour <u>1:15</u> Month, Day, Year <u>5/5/60</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>			
20f. CITY, TOWN, OR LOCATION <u>Reuk Twp.</u>		COUNTY <u>JEFF</u>		STATE <u>MO.</u>			
21. I attended the deceased from <u>Coroner's View.</u> and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James A. Johnson D.O. Coroner</u>			22b. ADDRESS <u>Fector, Mo.</u>		22c. DATE SIGNED <u>5/5/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/7/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Green Mt. Catholic</u>			
23d. LOCATION (City, town, or county) <u>Belleville, Illinois</u>		23e. DATE RECD. BY LOCAL REG. <u>5-5-60</u>		23f. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>			

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 Edgar A. Baldwin
Licensed Embalmer No. 2846
P. O. Address Belleville

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