

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS JUN 13 1960

=60-020177

INDEXED

Registration District No. 224 Primary Registration District No. 5792 Registrar's No. 27 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harrison Twp.</u> Length of stay in 1b <u>18 Yrs.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> c. CITY OR TOWN <u>High Point</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 mi. W. High Point, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3 mi. West High Point, Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>ANTHONY</u> Last <u>MEYER</u>			4. DATE OF DEATH Month <u>May</u> Day <u>26</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>6/10/1889</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
------------------------------	---	---	---	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and state or country) <u>Cooper County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	---	--	---

13a. FATHER'S NAME <u>Jake Meyer</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hawk</u>	14. NAME OF HUSBAND OR WIFE <u>Leona Schuster</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>496-40-8933</u>	17. INFORMANT Address <u>Leo Meyer, California, Mo. #3</u>
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMA OF PROSTATE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</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 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 April 1960 to MAY 26, 1960 and last saw him alive on MAY 26, 1960
 Death occurred at 3:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>London Sailer M.D.</u>	22b. ADDRESS <u>California, Mo</u>	22c. DATE SIGNED <u>5-27-60</u>
--	--	---

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/28/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Annunciation Catholic</u>	23d. LOCATION (City, town, or county) (State) <u>California, Missouri</u>
---	--------------------------------------	---	---

24. FUNERAL DIRECTOR ADDRESS <u>Hugh Williams, California, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5/28/60</u>	26. REGISTRAR'S SIGNATURE <u>Helen L. Popejoy</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

Russell C. 7

Licensed Embalmer No. *4804*

P. O. Address *California*

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.