

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020560

FILED VS JUN 7 1960

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 219

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St Francois</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre</b>		Length of stay in 1b <b>2 wks</b>		c. CITY OR TOWN <b>Bonne Terre</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Martha</b> Middle <b>Dorothy</b> Last <b>Meyer</b>				4. DATE OF DEATH Month <b>May</b> Day <b>28</b> Year <b>1960</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10-26-1872</b>	9. AGE (last birthday) <b>87</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Country of Germany</b>		12. CITIZEN OF WHAT COUNTRY <b>US</b>		
13a. FATHER'S NAME <b>Ferdinand F Pose</b>			13b. MOTHER'S MAIDEN NAME <b>Pauline Emilee Pose</b>			14. NAME OF HUSBAND OR WIFE <b>E.F. Meyer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Louis Meyer, Valley Mines, Mo</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage - Hemiplegia</b>								INTERVAL BETWEEN ONSET AND DEATH <b>- 14 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Hypertensive vascular disease</b>		DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>- 2 years</b>			
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.)					
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 <b>May 14, 1958</b> to <b>May 28, 1960</b> and last saw her <sup>him</sup> alive on <b>May 28, 1960</b> Death occurred at <b>8:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Maurin J. Haw J. M.D.</b> (Degree or title)				22b. ADDRESS <b>Bonne Terre, Mo</b>				22c. DATE SIGNED <b>5/31/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 30, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Primrose</b>		23d. LOCATION (City, town, or county) <b>St Francois County Mo</b> (State)				
24. FUNERAL DIRECTOR <b>Z. Boyer &amp; Son, Bonne Terre, Mo</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>May 31, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>			

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 Burlin T. Boyer, Jr, Student Embalmer No. 599

working under my personal supervision.

Student Burlin T. Boyer, Jr.  
Signature of Student Embalmer

Signed B. T. Boyer, Jr.

Licensed Embalmer No. 3660

P. O. Address Desloge, Mo

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.