URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 25 1960

-60-026406
STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 165

MENDED

1. PLACE OF DEATH a. COUNTY: Franklin	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Warren
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington — Length of stay in 1b: 2 weeks	c. CITY OR TOWN: Warrenton — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Francis Hospital — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): W. Main — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Julius	Middle: H.	Last: Meyer	4. DATE OF DEATH: Month July, Day 19, Year 1960
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 2-17-1879	9. AGE (last birthday): 81 — 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): Merchant	10b. KIND OF BUSINESS OR INDUSTRY: Retail hardware	11. BIRTHPLACE (City and state or country): Warren County, Mo.	12. CITIZEN OF WHAT COUNTRY: U. S. A.	
13a. FATHER'S NAME: Bernard Meyer	13b. MOTHER'S MAIDEN NAME: Caroline Foderhase	14. NAME OF ~~[illegible]~~ OR WIFE: Clara Sophia Buescher, dcd		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 487-20-6066	17. INFORMANT: Mrs.Ray Determan	Address: Warrenton, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pneumonia, bilateral hypostatic	10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Vascular accident, recurrent	15 days
	Bilateral Glaucoma	unknown
DUE TO (c)	Generalized arteriosclerosis with arteriosclerotic heart disease	"

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 July 4, 1960, to July 19, 1960 and last saw her/him alive on July 19, 1960

Death occurred at 7:00 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold J. Kirlocher MD	22b. ADDRESS: Warrenton, Missouri	22c. DATE SIGNED: 7-21-60	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 7-22-60	23c. NAME OF CEMETERY OR CREMATORY: City Cemetery	23d. LOCATION (City, town, or county) (State): Warrenton, Mo.
24. FUNERAL DIRECTOR ADDRESS: F.W.Nieburg & Co., Warrenton, Mo.	25. DATE RECD. BY LOCAL REG.: 7/22/60	26. REGISTRAR'S SIGNATURE: F.C. Hudmann G.L. Hudmann	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John F. Nieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton,

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