

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960

360

Primary Registration District No. 3076

Registrar's No. 161

-60-033571

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN			Length of stay in 1b		a. STATE		b. COUNTY		
VERNON		MEXADA			1 Mo		KANSAS		GARDEN CITY		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION					Inside Limits		d. STREET ADDRESS (If outside, give location)			Reside on Farm	
CITY HOSP					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)					4. DATE OF DEATH			5. SEX			
First		Middle		Last		Month		Day		Year	
HERMAN		MEYER				AUG		13		1960	
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR	
M		W				4/2/1890		70		Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)					10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY		
CARPENTER					CONTRACTOR		HANOVER, GERMANY		U.S.		
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE				
FRITZ MEYER				ROBERTA MEYER			NONE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address					
NO				509-14-0228		ARNOLPH MEYER, SHELDON					
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) <i>Crown artery occlusion with myocardial infarction</i>											1 Hour
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.
<i>Arteriosclerotic heart disease</i>											<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		Aug 7 1960		to		Aug 12 '60		and last saw her/him alive on		Aug 13, 1960	
Death occurred at <i>5:15 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title)					22b. ADDRESS			22c. DATE SIGNED			
<i>Ray W. Pearson M.D.</i>					<i>Verado Hill</i>			<i>8/16/60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county)				
REMOVAL		AUG. 15 60		Local			TALMARE HILL				
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE					
<i>Benny Funeral Home</i>				8-17-1960		<i>Anna E. Ferry</i>					

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 Grace Beany

Licensed Embalmer No. 4203

P. O. Address Shelton N

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.