

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 20 1960

-60-035388

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 4280 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stotts City		Length of stay in 1b 76 yrs.	c. CITY OR TOWN Stotts City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Emma Middle M. Last Meyer			4. DATE OF DEATH Month Sept. Day 12 Year 1960	
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5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-22-1866	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Henry Meyer	13b. MOTHER'S MAIDEN NAME Margaret Hoelcher	14. NAME OF HUSBAND OR WIFE Claus Meyer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or up known) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT Millie Meyer	Address Stotts City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 16 months
DUE TO (b) Arteriosclerotic h D		10 yrs
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Vascular accident		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from 1949 to 9/12/60 and last saw her alive on 9/12/60
Death occurred at 7:30 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. J. Travis M.D. (Degree or title)	22b. ADDRESS Mt Vernon, Mo	22c. DATE SIGNED 9/13/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9-15-60	23c. NAME OF CEMETERY OR CREMATORY Zion Evangelical	23d. LOCATION (City, town, or county) Mt. Vernon Mo.
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24. FUNERAL DIRECTOR Max L. Fossett	ADDRESS Mt. Vernon, Mo.	25. DATE RECD. BY LOCAL REG. Sept. 16-1960	26. REGISTRAR'S SIGNATURE H L Fossett
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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 Max L. Forsett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon

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.