

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037617

DED

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 552 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Ripley	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 4 days	c. CITY OR TOWN Fairdealing
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Gen. Del.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Henry Middle Walter Last Meyer			4. DATE OF DEATH Month Sept. Day 14 Year 1960	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-1-1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Neelyville, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Herman Meyer	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ada Meyer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Ada Meyer Fairdealing, Missouri
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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) Gangrene, leg, left, arteriosclerotic, Thrombosis, mesenteric.		INTERVAL BETWEEN ONSET AND DEATH Approx. 5 days.
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	Unknown
	DUE TO (c) Hypertrophy prostrate with uremia	Unknown.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension. Gastro-intestinal hemorrhage, massive.	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
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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 <input type="checkbox"/> 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
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21. I attended the deceased from 9/10/60 to 9/14/60 and last saw ^{xxx} him alive on 9/14/60 Death occurred 11:35 P. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>B.M. McClain M.D.</i> B. M. McClain, M.D.	22b. ADDRESS 330N. 2nd St. - Poplar Bluff, Mo.	22c. DATE SIGNED 9/28/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-18-1960	23c. NAME OF CEMETERY OR CREMATORY Fairdealing Cemetery Fairdealing, Missouri	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Lynn Edwards Doniphan, Missouri	25. DATE RECD. BY LOCAL REG. 10/8/60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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NOV 15 1960

VS NOV 7 1960

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.