

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-038176

FILED VS OCT 17 1960

137

249

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Henry	a. STATE Missouri		b. COUNTY Benton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windor	Length of stay in lb 2 Mos	c. CITY OR TOWN Cole Camp	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Convalescent Home	Inside Limits Yes <input 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 Louise Minna	Middle Mellesina	Last Meyer	4. DATE OF DEATH	Month Oct	Day 7th	Year 1960
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-7-1879	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Richland MO	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME Frederich Bauer	13b. MOTHER'S MAIDEN NAME Meta Brunjes	14. NAME OF HUSBAND OR WIFE Henry T 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 Emmit Meyer	Address Cole Camp 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) Ca. involveing left ear, adjacent glands with possible metastatic brain involvement DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Age of patient	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 a.m. p.m.	Month, Day, Year
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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 Cole Camp	COUNTY Mo	STATE Mo
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21. I attended the deceased from September 1st to October-7th and last saw her alive on Oct. 7th 1960
Death occurred at Oct - 7-1960 7 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E L Eickhoff D. C.	(Degree or title)	22b. ADDRESS Cole Camp Mo	22c. DATE SIGNED Oct-10 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-10-60	23c. NAME OF CEMETERY OR CREMATORY Cole Camp Memorial	23d. LOCATION (City, town, or county) Cole Camp Mo	(State) 1960
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24. FUNERAL DIRECTOR E L Eickhoff	ADDRESS Cole Camp Mo	25. DATE RECD. BY LOCAL REG. Oct 13, 1960	26. REGISTRAR'S SIGNATURE Kulded Begum
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Statement of the Licensed Embalmer

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 E. L. Eickhoff
E L Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.