

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045359

FILED VS JAN 3 1961

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3010

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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 Cape Girardeau		Length of stay in 1b 9 years		a. STATE Missouri		b. COUNTY Cape Girardeau		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN: Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 2541 Ranchito		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year		
First ALVERA.			Middle T.			Last METHENY		
December 24, 1960			5. SEX Female		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 12/18/1928		9. AGE (last birthday) 32		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Kelso, Missouri		12. CITIZEN OF WHAT COUNTRY U. S.		
13a. FATHER'S NAME Mike J. Enderle			13b. MOTHER'S MAIDEN NAME Johanna Bles			14. NAME OF HUSBAND OR WIFE Howard Metheny		
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. 491-30-2385		17. INFORMANT Howard Metheny		Address Cape Girardeau, Mo.	
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) Subarachnoid Hemorrhage (Traumatic)							56 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
DUE TO (b) Cerebral Contusion							56 Hrs.	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Slipped on Ice at Parking Lot - Struck Head.				
20c. TIME OF INJURY Hour Month, Day, Year about 4:30 PM. 12/21/60		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Parking Lot		20f. CITY, TOWN, OR LOCATION Cape Girardeau, Cape Girardeau, Mo.		COUNTY STATE		
21. I attended the deceased from Dec. 21st, 1960 to Dec. 24, 1960 and last saw her alive on 12/24/60 Death occurred at 12:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22. SIGNATURE (Deduce or title) William J. Oehler, M.D.				22b. ADDRESS Cape Girardeau, Missouri			22c. DATE SIGNED 12/27/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 26, 1960		23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery		23d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri		
24. FUNERAL DIRECTOR Walther's Funeral Home			ADDRESS Mo.		25. DATE RECD. BY LOCAL REG. 12-30-60		26. REGISTRAR'S SIGNATURE Irene Kasten	

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 William H. Gurn, Student Embalmer No. 610
 working under my personal supervision.

Student William H. Gurn Signed Virgil K. Kelch
Signature of Student Embalmer

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.