

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-012223

STATE FILE NUMBER

AMENDED

Registration District No. 322 Primary Registration District No. 6087 Registrar's No. 9

FILED MAR 27 1961

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAMBRIDGE TOWNSHIP</u>		c. CITY OR TOWN <u>DALTON</u>	
Length of stay in lb <u>3 WEEKS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 MILES WEST OF GLASGOW, MO</u>		d. STREET ADDRESS (If outside, give location) <u>1/2 MILE EAST DALTON, MO</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)	First <u>GUS</u>	Middle <u>RICHARD</u>	Last <u>MEYER</u>	4. DATE OF DEATH	Month <u>MARCH</u>	Day <u>21</u>	Year <u>1961</u>
-------------------------------------	------------------	-----------------------	-------------------	------------------	--------------------	---------------	------------------

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/21/1904</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months		Days
				Hours		Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LAKE CITY ARSENAL NEAR DALTON, MO</u>	11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>	12. CITIZEN OF WHAT COUNTRY
--	--	--	-----------------------------

13a. FATHER'S NAME <u>CHARLES F. MEYER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY M. FEAKER</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>	SECURITY NO.	17. INFORMANT <u>MRS. MARY WARNER SLATER, MO.</u>	Address
---	--------------	---	---------

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) <u>APPARENT INJURIES RECEIVED FROM AUTO ACC</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>AUTO CONTACT WITH BRIDGE ABUTMENT</u>	
	DUE TO (c) <u>IN GLASGOW BOTTOMS - ON 290 MI. HWY</u>	

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 type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>Car Accident</u>
--	--	--

20c. TIME OF INJURY <u>2:35</u> p.m. <u>March 21-61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3 Miles West Glasgow, Mo</u>	20f. CITY, TOWN, OR LOCATION <u>3 Miles West Glasgow, Mo - Saline, MO.</u>	COUNTY	STATE
---	---	--	--	--------	-------

21. I attended the deceased from <u>Medical Investigation</u> , to <u>This date</u> and last saw her alive on _____	Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
---	--

22a. SIGNATURE (Degree or title) <u>Steve Pinner Act. Coroner Sheriff</u>	22b. ADDRESS <u>153 S. Odell Marshal</u>	22c. DATE SIGNED <u>3-21-61</u>
---	--	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3/23/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>DALTON</u>	23d. LOCATION (City, town, or county) <u>DALTON, MO.</u>	(State)
---	----------------------------	--	--	---------

24. FUNERAL DIRECTOR <u>Haines Funeral Home, Slater, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>3-23-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Raymond Brane</u>
--	---------	---	---

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAR 28 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. H 557

P. O. Address Slater, 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.