

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **164-61-012939**

Registration District No. **53** Primary Registration District No. **3010** Registrar's No. **164**

AMENDED

<p>FILED APR 24 1961</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY Cape Girardeau</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY Cape Girardeau</p>				
<p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau</p> <p>Length of stay in 1b 8 years</p>		<p>c. CITY OR TOWN Cape Girardeau Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>				
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital</p> <p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) 1418 Ozark Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
<p>3. NAME OF DECEASED (Type or print) First Middle Last ROBERT J. MESSMER</p>			<p>4. DATE OF DEATH Month Day Year April 14, 1961</p>			
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 5/14/1886</p>	<p>9. AGE (last birthday) 74</p>	<p>IF UNDER 1 YEAR Months 11 Days 0</p>	<p>IF UNDER 24 HR Hours 0 Min. 0</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill hand, ret.</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Lumber Company</p>		<p>11. BIRTHPLACE (City and state or country) Kelso, Missouri</p>		<p>12. CITIZEN OF WHAT COUNTRY U. S.</p>
<p>13a. FATHER'S NAME Frank Messmer</p>		<p>13b. MOTHER'S MAIDEN NAME Veronica Swan</p>		<p>14. NAME OF HUSBAND OR WIFE Paula S. Messmer</p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>		<p>16. SOCIAL SECURITY NO.</p>	<p>17. INFORMANT Address Mrs. Louis Koester Cape Gir., Mo.</p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) Carcinoma of gall bladder with metastasis</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) metastasis</p> <p>DUE TO (c) _____</p>					<p>INTERVAL BETWEEN ONSET AND DEATH not known</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None</p>					<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>				
<p>20c. TIME OF INJURY Hour 11 a.m. Month, Day, Year Sept 14, 1961</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>					
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE Kelso, Missouri</p>				
<p>21. I attended the deceased from 10-29-60 to 4-14-61 and last saw <input checked="" type="checkbox"/> alive on 4-14-61 Death occurred at 10:20 pm on the date stated above, and to the best of my knowledge, from the causes stated.</p>						
<p>22a. SIGNATURE (Degree or title) R. P. Petter, M.D.</p>			<p>22b. ADDRESS Cape Girardeau Mo</p>		<p>22c. DATE SIGNED 4-20-61</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	<p>23b. DATE 4/17, 1961</p>	<p>23c. NAME OF CEMETERY OR CREMATORY At. Augustine Cem.</p>		<p>23d. LOCATION (City, town, or county) (State) Kelso, Missouri</p>		
<p>24. FUNERAL DIRECTOR ADDRESS Walther's Funeral Home</p>		<p>25. DATE RECD. BY LOCAL REG. 4-22-61</p>	<p>26. REGISTRAR'S SIGNATURE Louis Koester</p>			

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Virgil N. Kelch

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 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.