

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020660

STATE FILE NUMBER

AMENDED

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 67

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH
 a. COUNTY CARROLL
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARROLLTON Mo. Length of stay in lb 2 DAYS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY SALINE
 c. CITY OR TOWN BLACKBURN Mo. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First OTTO Middle M. Last MEYER 4. DATE OF DEATH Month 4 Day 5 Year 61

5. SEX male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-6-1893 9. AGE (last birthday) 67 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) PAINTER 10b. KIND OF BUSINESS OR INDUSTRY PAINTER 11. BIRTHPLACE (City and state or country) ALMA, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Henry Meyer 13b. MOTHER'S MAIDEN NAME CHRISTIANA Ehlers 14. NAME OF HUSBAND OR WIFE Elizabeth Meyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown 16. SOCIAL SECURITY NO. 17. INFORMANT Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Pulmonary Embolism INTERVAL BETWEEN ONSET AND DEATH 3 hrs
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Surgical Removal of Gall Bladder 4-4-61
 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-1-61 8:10 AM to 4-5-61 and last saw ^{her}him alive on 4-5-61
 Death occurred at _____

22a. SIGNATURE Edmond Wapely (Degree or title) 22b. ADDRESS 22c. DATE SIGNED 5-6-61 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 4/8/61 23c. NAME OF CEMETERY OR CREMATORY Blackburn 23d. LOCATION (City, town, or county) (State) Blackburn Mo.

24. FUNERAL DIRECTOR Parker Funeral Home Blackburn Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 7-8-61 26. REGISTRAR'S SIGNATURE Mrs. Neberth Calvert

1961 JUL 13 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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.