SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021972

STATE FILE NUMBER

AMENDED

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 32

FILED JUL 11 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Versailles
Length of stay in 1b: 5 Mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Kidwell Rest Home
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Adelheid Middle: Last: Meyer
4. DATE OF DEATH: Month: June Day: 29 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-28-77
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Hanover, Germany
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Tie Tien
13b. MOTHER'S MAIDEN NAME: – Kamp
14. NAME OF HUSBAND OR WIFE: Henry J. Meyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Alvin Von Holten Address: R. 2 - Cole Camp Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Thrombosis — 2 weeks
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 ☐ N. ☐ 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 Jan 1961, to June 29 61 and last saw her/him alive on June 29 61
Death occurred at 2 P m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE: Jack Finn MD (Degree or title)
22b. ADDRESS: Versailles, Mo.
22c. DATE SIGNED: 7-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-2-61
23c. NAME OF CEMETERY OR CREMATORY: Trinity Lutheran
23d. LOCATION (City, town, or county) (State): Cole Camp Mo.

24. FUNERAL DIRECTOR: E.L. Eickhoff ADDRESS: Cole Camp
25. DATE RECD. BY LOCAL REG.: 7-10-61
26. REGISTRAR'S SIGNATURE: J. L. Washburn

(Licensed Embalmer's Statement on Reverse Side)

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 E. L. Eackhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp

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.