SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-037609
STATE FILE NUMBER

AMENDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 128

FILED NOV 6 1961

1. PLACE OF DEATH
a. COUNTY LINCOLN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BEDFORD TOWNSHIP — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION L.C. MEM. HOSP. — Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First EUGENE Middle JAMES Last MEIER
4. DATE OF DEATH Month OCT. Day 22 Year 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10/8/34
9. AGE (last birthday) 27 — 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) URANIUM HANDLER
10b. KIND OF BUSINESS OR INDUSTRY MALLINCRODT CHEM. Co
11. BIRTHPLACE (City and state or country) Winfield, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN HENRY MEIER
13b. MOTHER'S MAIDEN NAME MARY SPIELHAGEN
14. NAME OF HUSBAND OR WIFE JOYCE SHANKS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) ABOUT 1954-1958
17. INFORMANT JOYCE MEIER Address Winfield, 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) Broken Neck, Chrushed chest & Int. Inj. — INTERVAL BETWEEN ONSET AND DEATH 20 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Automobile Traumitism
DUE TO (c) Coroner's Jury Verdict.
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.) Subjest's Car collided with another one in a fog on Hiway #79 1 mi. north of Old Monroe Mo.
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.) Hiway #79
20f. CITY, TOWN, OR LOCATION Lincoln Co. Mo. COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph J. Marsh Sr. (Degree or title) CORONER
22b. ADDRESS Troy, Missouri.
22c. DATE SIGNED 10/23/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 10-24-61
23c. NAME OF CEMETERY ~~OR CREMATORY~~ WINFIELD
23d. LOCATION (City, town, or county) (State) Winfield, Mo

24. FUNERAL DIRECTOR O. C. RICKS ADDRESS ELSBERRY, Mo.
25. DATE RECD. BY LOCAL REG. 11-2-1961
26. REGISTRAR'S SIGNATURE Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | BY AFFIDAVIT OF | ITEM NO.

NOV 7 1961

JAN 9 1962

FEB 23 1962

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 Joseph J. Marsh Sr.

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.