

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000896

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 88 Primary Registration District No. 5726 Registrar's No. 2

FILED JAN 31 1962

|   |  |   |                                   |  |                                       |   |                                  |
|---|--|---|-----------------------------------|--|---------------------------------------|---|----------------------------------|
| 1. PLACE OF DEATH   |  |   |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)        |                                       |   |                                  |
| a. COUNTY<br><u>Crawford</u>  |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Meramec Township</u>  |                                   | a. STATE<br><u>Missouri</u>  |                                       | b. COUNTY<br><u>Crawford</u>  |                                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Meramec Township</u>  |  | Length of stay in 1b<br><u>75 Years</u>   |                                   | c. CITY OR TOWN<br><u>Meramec Township</u>   |                                       | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>      |                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>7 Miles SW - Steelville, Mo</u>              |  |   |                                   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>         |                                       | d. STREET ADDRESS<br>(If outside, give location)<br><u>7 Miles SW Steelville, Mo.</u>     |                                  |
| 3. NAME OF DECEASED (Type or print)   |  |   |                                   | 4. DATE OF DEATH   |                                       |   |                                  |
| First   |  | Middle  |                                   | Last   |                                       | Month Day Year  |                                  |
| <u>CHARLES</u>  |  | <u>EMMETT</u>   |                                   | <u>MEYERS</u>  |                                       | <u>January 24, 1962</u>   |                                  |
| 5. SEX  | 6. COLOR OR RACE   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> |                                   | 8. DATE OF BIRTH   | 9. AGE (last birthday)                | IF UNDER 1 YEAR<br>Months Days Hours Min.   |                                  |
| <u>Male</u>   | <u>White</u>   |   |                                   | <u>Feb. 2, 1886</u>  | <u>75</u>                             |   |                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                                       |  | 10b. KIND OF BUSINESS OR INDUSTRY   |                                   | 11. BIRTHPLACE (City and state or country)   |                                       | 12. CITIZEN OF WHAT COUNTRY   |                                  |
| <u>Farmer</u>   |  | <u>Farming</u>  |                                   | <u>Crawford County, Mo.</u>  |                                       | <u>U.S.A.</u>   |                                  |
| 13a. FATHER'S NAME  |  |   | 13b. MOTHER'S MAIDEN NAME         |  |                                       | 14. NAME OF HUSBAND OR WIFE   |                                  |
| <u>Cyrus Meyers</u>   |  |   | <u>Mary Crouch</u>                |  |                                       | <u>- - - -</u>  |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)                       |  |   | 16. SOCIAL SECURITY NO.           |  | 17. INFORMANT Address                 |   |                                  |
| <u>No</u>   |  |   | <u>None</u>                       |  | <u>Mattie Mizell, Steelville, Mo.</u> |   |                                  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |  |   |                                   |  |                                       |   | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Arteriosclerosis Heart Disease</u>   |  |   |                                   |  |                                       |   | <u>4 years</u>                   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  |   |                                   |  |                                       |   |                                  |
| DUE TO (b) _____  |  |   |                                   |  |                                       |   |                                  |
| 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.                   |                                  |
| <u>Hemiparesis due to old CVA</u>   |  |   |                                   |  |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                 | 20a. ACCIDENT <input 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.) |                                       |   |                                  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.   | Month, Day, Year   |   |                                   |  |                                       |   |                                  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>NOT WHILE AT WORK <input checked="" type="checkbox"/>              | 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 <u>1-5-54</u> to <u>1-24-62</u> and last saw <sup>her</sup> him alive on <u>5-9-61</u>           |  | Death occurred at <u>6:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |                                   |  |                                       |   |                                  |
| 22a. SIGNATURE (Degree or title)  |  |   |                                   | 22b. ADDRESS   |                                       | 22c. DATE SIGNED  |                                  |
| <u>A. R. Baumann Jr.</u>  |  |   |                                   | <u>Steelville, Mo.</u>   |                                       | <u>1-26-62</u>  |                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE  | 23c. NAME OF CEMETERY OR CREMATORY  |                                   | 23d. LOCATION (City, town, or county)  |                                       | (State)   |                                  |
| <u>Burial</u>   | <u>Jan. 26, 1962</u>   | <u>Pleasant Point Cemetery</u>  |                                   | <u>Crawford County, Mo.</u>  |                                       |   |                                  |
| 24. FUNERAL DIRECTOR ADDRESS  |  |   | 25. DATE RECD. BY LOCAL REG.      | 26. REGISTRAR'S SIGNATURE  |                                       |   |                                  |
| <u>Halbert Funeral Home, Steelville, Mo.</u>  |  |   | <u>1/26/1962</u>                  | <u>Mrs. Hazel Lichius</u>  |                                       |   |                                  |

A. R. Baumann M.D.

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

**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 Thomas S. Halbert

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.