

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003134

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 12

FILED JAN 25 1962

AMENDED

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>LOUISIANA</u>		Length of stay in 1b <u>8 days</u>	c. CITY OR TOWN <u>ASH BURN.</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>PIKE Co Hospital.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>MEYERS</u> Last <u>MEYERS</u>			4. DATE OF DEATH Month <u>JAN</u> Day <u>17</u> Year <u>62.</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 27 1910</u>
10. USUAL OCCUPATION (Give kind of work done) <u>SECTION HAND</u>		11. BIRTHPLACE (City and state or country) <u>HAMBURG ILL</u>	9. AGE (last birthday) <u>70.</u>
13a. FATHER'S NAME <u>JOHN SAMUEL MEYERS</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE CRAIG</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
14. NAME OF HUSBAND OR WIFE <u>MARY MEYERS</u>		17. INFORMANT <u>MARY MEYERS, ASHBURN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service <u>NO</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia & respiratory failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Congestive heart failure;</u> DUE TO (c) <u>Chronic Pulmonary Fibrosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Histoplasmosis (pulmonary).</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>6:00 p.m.</u> Month, Day, Year <u>2-10-61</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 <u>ASHBURN</u>		COUNTY <u>MO.</u> STATE <u>MO.</u>	
21. I attended the deceased from <u>2-10-61</u> to <u>1-17-62.</u> and last saw him alive on <u>1-17-62.</u> Death occurred at <u>6:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B.F. Chastane M.D.</u>		22b. ADDRESS <u>Louisiana Mo.</u>	
22c. DATE SIGNED <u>1-20-62</u>			
23a. BURIAL <u>BURIAL</u>		23b. DATE <u>JAN 21-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>PRITCHETT CEM</u>		23d. LOCATION (city, town, or county) <u>ASHBURN MO.</u>	
24. FUNERAL DIRECTOR <u>GEOM COLLIER</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 20 1962</u>	
ADDRESS <u>LOUISIANA</u>		26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

FEB 15 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

Geo. M. Collier

Licensed Embalmer No.

3839

P. O. Address

Louisiana, La.

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.