

MISSOURI-DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010320

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 35

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59  
0275  
20450  
3  
4 1  
5 2  
6  
7 0  
8 2  
9 1538  
10  
11  
12 1-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

**FILED APR 2 1962**

1. PLACE OF DEATH  
a. COUNTY Cooper  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville Length of stay in lb. 1 month  
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  
a. STATE Missouri b. COUNTY Howard  
c. CITY OR TOWN Glasgow Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 200 Commerce St Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last CARRIE LEWIS MEYER 4. DATE OF DEATH Month Day Year March 17, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Sept. 1, 1873 9. AGE (last birthday) 89 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) Housework 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and state or country) Glasgow, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James B. Lewis 13b. MOTHER'S MAIDEN NAME Carrie Tillman 13c. NAME OF HUSBAND OR WIFE Geo. C. Meyer (deu.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Geo. C. Meyer Address Glasgow Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) CARCINOMA OF THE COLON, POST-OPERATIVE INTERVAL BETWEEN ONSET AND DEATH Months  
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) ARTERIOSCLEROTIC HEART DISEASE 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 2/16/62 to 3/17/62 and last saw her him alive on 3/17/62. Death occurred at 9:03 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. Hata, Mo. (Degree or title) 22b. ADDRESS 329 Main St., Boonville, Mo 22c. DATE SIGNED 2/23/62

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE Mar 20, 1962 23c. NAME OF CEMETERY OR CREMATORY Washington 23d. LOCATION (City, town, or county) (State) Glasgow Mo

24. FUNERAL DIRECTOR Fremont Funeral Service ADDRESS Glasgow Mo. 25. DATE RECD. BY LOCAL REG. 3/24/62 26. REGISTRAR'S SIGNATURE St Hooper

USE BLACK INK OR OR TYPEWRITER RIBBON

**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. J. Siemont*

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.