

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017908

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 111

**FILED MAY 16 1962**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

0049  
20700

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR

TYPEWRITER RIBBON

*Leonard J. Davis, M.D.*

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		c. CITY OR TOWN <b>Montgomery City</b>	
Length of stay in 1b		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain County Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>415 W. 6th St</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>William Edward Meyer</b>			4. DATE OF DEATH Month Day Year <b>May 8, 1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-23-1872</b>
9. AGE (last birthday) <b>89</b>		IF UNDER 1 YEAR Months <b>4</b> Days	IF UNDER 24 HR Hours <b>48</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Wellsville, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Anthony Meyer</b>	
13b. MOTHER'S MAIDEN NAME <b>Frances Schweiger</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs. Ruth Franey</b>		Address <b>415 W. 6th St Montgomery City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial degeneration</b> <b>Fracture hip</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fracture hip</b> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b> <b>72 hrs</b>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Fell</b>	
20c. TIME OF INJURY Hour <b>5:00</b> Month, Day, Year <b>5-5-62</b> p.m.			
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.) <b>Rest home</b>	20f. CITY, TOWN, OR LOCATION <b>Montgomery Mo</b>	COUNTY STATE
21. I attended the deceased from <b>Dec. 1961</b> to <b>Death</b> and last saw him alive on <b>May 8 1962</b> Death occurred at <b>9 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Leonard J. Davis, M.D.</i>		22b. ADDRESS <b>Montgomery Mo</b>	22c. DATE SIGNED <b>5-10-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 10, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wellsville Catholic Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Wellsville, Missouri</b>
24. FUNERAL DIRECTOR <b>Schlanker Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>May 11-1962</b>	26. REGISTRAR'S SIGNATURE <i>Blanche Neely</i>

Permit obtained  
MAY 8, 1962

B.N.

**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. Boone Schlanke*

Licensed Embalmer No. 4136

P. O. Address Montgomery City, 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.