

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047471

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5023 Registrar's No. 76

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>FILED DEC 18 1962</b>   |  | 1. PLACE OF DEATH  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |  |
| a. COUNTY<br><b>Jefferson</b>  |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Plattin Twp.</b>   |  | a. STATE<br><b>Mo.</b>  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Plattin Twp.</b>   |  | Length of stay in 1b<br><b>12 Hrs.</b>   |  | b. COUNTY<br><b>Jefferson</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>Rt. 2, Festus</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  | c. CITY OR TOWN<br><b>Festus</b>  |  |
|  |  |  |  | d. STREET ADDRESS (If outside, give location)<br><b>Route # 2</b>                     |  |
|  |  |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)  |  |  | 4. DATE OF DEATH   |   |  |
| First Middle Last<br><b>Virgil Ray Meyers</b>  |  |  | Month Day Year<br><b>Dec. 15, 1962</b>   |   |  |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>  | 8. DATE OF BIRTH<br><b>5/23/20</b>   | 9. AGE (last birthday)<br><b>42</b>   | IF UNDER 1 YEAR<br>Months Days Hours Min.        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Sales Man</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Automobile</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Jefferson Co, Mo.</b>                |  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  | 13a. FATHER'S NAME<br><b>Louis A. Meyers</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Emma Z. Kite</b>                                      |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>None</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes W.W.2</b>   |  | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>  |  |
| 17. INFORMANT<br><b>Walter Meyers, DeSoto, Mo.</b>   |  | 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Asphyxiation - Carbon Monoxide</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)<br>DUE TO (c) |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 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.<br><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 type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Auto Exhaust</b>  |  |   |  |
| 20c. TIME OF INJURY<br><b>10:00</b> Hour <b>10</b> p.m. Month, Day, Year <b>12-14-62</b>   | 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.)<br><b>FARM</b>  | 20f. CITY, TOWN, OR LOCATION<br><b>Plattin Twp.</b>  | COUNTY<br><b>Jeff.</b>  | STATE<br><b>Mo</b>                               |
| 21. I attended the deceased from <b>Coroner's View</b> and last saw her/him alive on _____<br>Death occurred at <b>10:00 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>James C. DeLoe, Coroner</b>   |  |  | 22b. ADDRESS<br><b>Festus, Mo.</b>   |   | 22c. DATE SIGNED<br><b>12-15-62</b>              |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>12/18/62</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Woodlawn</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>DeSoto Mo.</b>                    |  |
| 24. FUNERAL DIRECTOR<br><b>J. L. Mothershead</b>   |  | ADDRESS<br><b>DeSoto, Mo.</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>Dec. 17-1962</b>                                   | 26. REGISTRAR'S SIGNATURE<br><b>Marie Harris</b> |

DEC 19 1962

Remains Received 12-17-62. Mr. J.

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 J. Lee Mathershead

Licensed Embalmer No. 3531

P. O. Address De Soto, 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.