

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047828

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 257 Primary Registration District No. 5884 Registrar's No. 51

FILED DEC 25 1962

VS 300	DATE AMENDED
Rev. 4/59	
1 <u>0760</u>	
2 <u>0760</u>	
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<u>94201</u>	
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12 <u>90-2</u>	
13 <u>2-0</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Westphalia Mo</u>		Length of stay in 1b	c. CITY OR TOWN <u>Westphalia</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Westphalia</u>
3. NAME OF DECEASED (Type or print) First <u>MARTIN</u> Middle <u>Johannes</u> Last <u>Meyer</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>23</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/17/74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>88</u>
11. BIRTHPLACE (City and state) <u>Westphalia Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Steve Johannes Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Renneke</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Krer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or date of service) <u>No</u>	
16. ADDRESS <u>24 Ella Alberts Westphalia</u>		17. INFORMATION	
18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Diabetes Mellitus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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"/>	
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 <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		COUNTY STATE	
21. I attended the deceased from <u>May 1962</u> to <u>December 22</u> and last saw him alive on <u>December 12/1962</u> Death occurred at <u>9:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>James E. Saffer Jr.</u>		22b. ADDRESS <u>2572 W. Main Jefferson City Mo</u>	
22c. DATE SIGNED <u>Dec 23 1962</u>		22d. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/26/62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u>		23d. LOCATION (City, township or county) (State) <u>Westphalia Mo.</u>	
24. FUNERAL DIRECTOR <u>Sydney Dulle</u>		ADDRESS <u>J. C. D.</u>	
25. DATE RECD. BY LOCAL REG. <u>12-25-62</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clyde Norton</u>	

**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 Lybster Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson

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.