

STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

STATE FILE NUMBER

Registration District No. 53

Primary Registration District No. 5182

Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Shawnee</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Rural</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 mi. N. Pocahontas</b>		Length of stay in lb <b>70 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>2 North Pocahontas</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>AMOS</b> Middle <b>DAVID</b> Last <b>MEYR</b>			4. DATE OF DEATH Month <b>January</b> Day <b>5</b> Year <b>1958</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cau.</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>Feb. 23 1861</b>	9. AGE (In years of birthday) <b>96</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Erick Layer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Builder</b>	11. BIRTHPLACE (City and state or country) <b>New Wells, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Meyr</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Mirley (Dec.)</b>
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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. Gust Schnider Jackson, Mo.</b> Address
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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>Chronic Hepatitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b> <b>20 years</b>
DUE TO (b) <b>Arteriosclerosis, General</b>		
DUE TO (c) <b>442X</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Myocarditis</b>		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.)
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20c. TIME OF INJURY Hour <b>p.m.</b> Month <b>Jan</b> Day <b>5</b> Year <b>1958</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Altonburg, Mo</b>	COUNTY	STATE
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21. I attended the deceased from <b>Dec. 26 1957</b> , to <b>Jan 5 1958</b> and last saw her/him alive on <b>Dec. 31st. 1957</b> Death occurred at <b>1:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Theodore Fischer, M.D.</b>	22b. ADDRESS <b>Altonburg, Mo</b>	22c. DATE SIGNED <b>1/7/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 8 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pocahontas Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Pocahontas, Mo.</b>
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24. FUNERAL DIRECTOR <b>McCombs Funeral Home</b>	ADDRESS <b>Jackson, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-9-58</b>	26. REGISTRAR'S SIGNATURE <b>Elizabeth Summer Dqb</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *B A Meyer* .....

Licensed Embalmer No. *3051* .....

P. O. Address *Jackson* .....

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.