

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0001374

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 22

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 23 1967

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLINTON</u>		c. CITY OR TOWN <u>CLINTON</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>406 NORTH 2ND ST</u>		d. STREET ADDRESS (If outside, give location) <u>406 NORTH 2ND ST</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>MAYER</u> Last <u>MAYER</u>			4. DATE OF DEATH Month <u>JANUARY</u> Day <u>14</u> Year <u>1967</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-2-1897</u>	9. AGE (last birthday) <u>69 YEARS</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BARBER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BARBER</u>	11. BIRTHPLACE (City and state or country) <u>BENTON COUNTY, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM MAYER</u>	13b. MOTHER'S MAIDEN NAME <u>FILEY CROUCH</u>	14. NAME OF HUSBAND OR WIFE <u>MAY MAYER</u>
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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) <u>YES W.W.I.</u>	16. SOCIAL SECURITY NO. <u>490.05.8419</u>	17. INFORMANT <u>MAY MAYER</u>	Address <u>406 NORTH 2ND ST. CLINTON, MISSOURI</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u>		<u>Months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocardial Insufficiency</u>	<u>24 hrs.</u>
	DUE TO (c) <u>Calcinomatosis, Primary Site Lung</u>	<u>3 mos.</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary Emphysema</u>		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
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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 _____ a.m. _____ p.m.	Month, Day, Year _____
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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 COUNTY _____ STATE _____
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21. I attended the deceased from 1963 to 4-67 and last saw her/him alive on 1-14-67  
Death occurred at 10:15a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Clint L. Gleszy D.O.</u>	22b. ADDRESS <u>Clinton, Mo.</u>	22c. DATE SIGNED <u>1/18/67</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN. 17-1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEMETERY</u>	23d. LOCATION (City, town, or county) <u>CLINTON, MISSOURI</u>
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24. FUNERAL DIRECTOR <u>R.E. NICHOLS CHAPELS-CLINTON, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>JAN. 17, 1967</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	AMENDED	INSTEAD OF	DOCUMENT
1 0425			
2 0425			
3			
4 0			
5 1			
6			
7 0			
8 2			
9 162.1			
10			
11			
12 40-2			
13 1-0			

BY AFFIDAVIT OF

SEP 7 1967

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 R.E. Nichols

Licensed Embalmer No. 4997

P. O. Address K.C. 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.

Permit Obtained 1-19-67  
(1967)