

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0043383

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 292

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

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 4 1967		1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>		Length of stay in 1b <b>54 Years</b>		c. CITY OR TOWN <b>Clinton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wetzel H ospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>606 E. Franklin St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>EDITH OLA MEYER</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>30</b> Year <b>1967</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/23/89</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Deepwater, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Scott Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Taylor</b>	
14. NAME OF HUSBAND OR WIFE <b>Wm. J. Meyer</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>497-14-1445</b>	
17. INFORMANT <b>William J. Meyer, Clinton, 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) <u>Medullary artery</u> DUE TO (b) <u>myocardial infarction</u> DUE TO (c) <u>Coronary artery disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Bleeding from GI tract</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>year</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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>2/2/67</u> to <u>11/30/67</u> and last saw her/him alive on <u>11/30/67</u> Death occurred at <u>8:00</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James C. Clauson Sr</i>		(Degree or title)		22b. ADDRESS <u>105 E. Ohio Clinton, Mo</u>	
22c. DATE SIGNED <u>11/30/67</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/2/67</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cemetery</b>		23d. LOCATION (City, town, or county) <b>Clinton, Missouri</b>		23e. STATE <b>Missouri</b>	
24. FUNERAL DIRECTOR <b>Consalus</b>		ADDRESS <b>Clinton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 1, 1967</b>	
26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>					

USE BLACK INK OR TYPEWRITER RIBBON

FEB - 1 1968

DEC 7 1967

12-1-67

Permit Obtained 12-1-67

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 Eugene R. Conner

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.