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FILED OCT 10 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30986

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 977

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Poplar Bluff — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lucy Lee Hosp. — Length of stay in 1b: 12 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 1409 Spring St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First LESLIE Middle JULIUS Last MEYER
4. DATE OF DEATH: Month 9 Day 26 Year 57
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4-30-1909
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Office Supplies
10b. KIND OF BUSINESS OR INDUSTRY: Underwood Co.
11. BIRTHPLACE (City and state or country): Belleville, Ill.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Julius Meyer
13b. MOTHER'S MAIDEN NAME: Mary Seiben
14. NAME OF HUSBAND OR WIFE: Jewell Meyer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 328-03-1163
17. INFORMANT: Mrs. Jewell Meyer, Address: Poplar Bluff Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adenocarcinomatosis, Generalized site of origin undetermined. — INTERVAL BETWEEN ONSET AND DEATH: 7 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.(a) 1991
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 9-9-57 to 9-26-57 and last saw him alive on 9-26-57
Death occurred at 4:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. L. May, Jr. (Degree, title) MD
22b. ADDRESS Poplar Bluff, Mo.
22c. DATE SIGNED 9-28-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-28-57
23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens
23d. LOCATION (City, town, or county) Poplar Bluff, Mo. (State)

24. FUNERAL DIRECTOR Greer Croy & Fitch
ADDRESS Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG. 10/1/57
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED
OCT 6 1957
BUTLER CO. HEALTH CENTER
FILE No._____

FEB 4 1959

OCT 10 1957

FEB 26 1959

Adenocarcinomatosis, generalized
site of origin undetermined.

7 months

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 ..... Signed Wallace N. Fitch
Signature of Student Embalmer

Licensed Embalmer No. 3859

P.O. Address Poplar Bluff 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.