

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39036

STATE FILE NUMBER

FILED DEC 9 - 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 418

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>ADAIR</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HARTSVILLE</u>		c. CITY OR TOWN <u>CLARENCE</u>		b. COUNTY <u>SHELBY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LAUGHLIN HOSP</u>		Length of stay in 1b <u>4 DAYS</u>		d. STREET ADDRESS <u>CLARENCE MO</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>JOHN</u> Middle <u>LEWIS</u> Last <u>MEISNER</u>				Month <u>DEC</u> Day <u>1</u> Year <u>1957</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</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>JULY 4 1882</u>	
9. AGE (In years last birthday) <u>75</u>		10. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>		11. BIRTHPLACE (City and state or country) <u>MACON COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				13. FATHER'S NAME <u>CHRISTOPHER MEISNER</u>			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME <u>MARY WEININGAN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT <u>LEWIS MEISNER</u> Address <u>SHELBYVILLE MO</u>			
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>RUPTURE ASCENDING AORTA WITH HEMOPERICARDIUM - 5mm</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>PROBABLE ARTERIOSCLEROSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>			
		DUE TO (c) <u>45IX</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>cholecystitis - cholelithiasis - structure ampula</u>							
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.							
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>11-25-57</u> to <u>12-1-57</u> and last saw ^{was} him alive on <u>12-1-57</u> Death occurred at <u>112 Noon</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Paul Kuehnler D.O.</u>				22b. ADDRESS <u>Barkwood Mo</u>		22c. DATE SIGNED <u>12-4-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE. <u>12-3-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT ZION CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>MACON COUNTY MO</u>	
24. FUNERAL DIRECTOR <u>Chas. V. Greening</u>		ADDRESS <u>Clarence Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-6-57</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Raliff</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 *Charles O. Green*.....

Licensed Embalmer No. *467*

P. O. Address *Claremont*

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.