

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024406

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No.

363

Primary Registration District No.

8336

Registrar's No.

5

S. 300

1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charette township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Warrenton 10900 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION So. of Warrenton		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) Rural Route #1 Reside on farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) ROSE (Rosine Sophie Charlotte) MEYER			4. DATE OF DEATH Month June Day 8 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 11, 1888
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Warren County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank H. Meyer	
13b. MOTHER'S MAIDEN NAME Caroline Petersmeyer		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Henry Meyer Address R.R.#1, Warrenton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerosis heart failure & congestive failure			INTERVAL BETWEEN ONSET AND DEATH unk unk unk
DUE TO (b) Senescent atherosclerosis			
DUE TO (c) Arteriosclerosis Rheumatism Multiple Sclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.) 4200	
20c. TIME OF INJURY Hour 6:00 Month 6 Day 11 Year 58 a.m. 6:00 p.m.		20d. INJURY OCCURRED WHILE AT <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 2-16-51 to 6-8-58 and last saw her/him alive on 6-31-58 Death occurred at 6:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Donald O. Hoescher M.D.		22b. ADDRESS Warrenton Mo	22c. DATE SIGNED 6-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-11-58	23c. NAME OF CEMETERY OR CREMATORY Lippstadt Church	23d. LOCATION (City, town, or county) (State) Warren County, Mo.
24. FUNERAL DIRECTOR F.W. Nieburg & Co., Warrenton, Mo.		25. DATE RECD. BY LOCAL REG. 6/9/58	26. REGISTRAR'S SIGNATURE H. Johnson

Name of Deceased: *John H. Taylor*
 Date of Death: *June 8, 1958*
 Residence: *Warrenton, Oregon*
 Cause of Death: *Heart Disease*
 Age at Death: *68*
 Sex: *Male*
 Race: *White*
 Occupation: *Teacher*
 Address: *Warrenton, Oregon*

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 *John F. Lieberg*
 Licensed Embalmer No. *3897*
 P. O. Address *Warrenton, Oregon*

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.