Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035372
STATE FILE NUMBER

FILED NOV 7 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 231

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Mexico — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Phillips Nur. Home — Length of stay in 1b 2 Wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Callaway
c. CITY OR TOWN Auxvasse Mo. — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 0140 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Lillie Middle May Last Meyer
4. DATE OF DEATH Month Oct. Day 22 Year 1958
5. SEX F.
6. COLOR OR RACE W.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 7-9-1871
9. AGE (In years of birthday) 87 — IF UNDER 1 YEAR Months 3 Days 13 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (City and state or country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Michael Meyer
13b. MOTHER'S MAIDEN NAME Cynthia Blake
14. NAME OF HUSBAND OR WIFE Lewis J. 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. None
17. INFORMANT Lewis J. Meyer Address Auxvasse 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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) With Infarct of Myocardium
DUE TO (c) 4201
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 [ ] NO [X] 2

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 1939, to Oct. 22-58 and last saw her alive on Oct 21-58
Death occurred at 1:15 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] DO 2
22b. ADDRESS Auxvasse Mo.
22c. DATE SIGNED 10-23-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-24-58
23c. NAME OF CEMETERY OR CREMATORY Auxvasse Cemetery
23d. LOCATION (City, town, or county) (State) Auxvasse Mo.

24. FUNERAL DIRECTOR ADDRESS Maupin Funeral Home Fulton Mo.
25. DATE RECD. BY LOCAL REG. Oct 24 1958
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. H. Domann DO

JUN 3 1959

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 J. V. Rosson

Licensed Embalmer No. 2555

P. O. Address Spartanburg

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.