

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037147

STATE FILE NUMBER

FILED OCT 29 1958

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 62

S. 300  
v. 1-57

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.

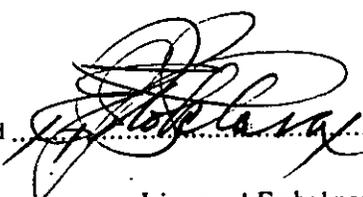
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Princeton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Harrison Twp. Mercer Co.</b>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lambert Hospital</b>		Length of stay in 1b <b>4 days</b>	d. STREET ADDRESS (If outside, give location) <b>650 2 1/2 miles E. of Cainsville</b>
3. NAME OF DECEASED (Type or print) First <b>Lettie</b> Middle <b>Helen</b> Last <b>Meinecke</b>		4. DATE OF DEATH Month <b>October</b> Day <b>23</b> Year <b>1958</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>June 12, 1877</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>81</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY	10. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
11. BIRTHPLACE (City and state or country) <b>Mercer Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Benjamin F. Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Jane Holloway</b>	
14. NAME OF HUSBAND OR WIFE <b>William Meinecke</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>None</b>		17. INFORMANT <b>William Meinecke, Cainsville, 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) <b>Congestive heart failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary arteriosclerosis</b>			<b>Unknown</b>
DUE TO (c) <b>Labor pneumonia</b>			<b>4201</b>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <b>October 20, 1958</b> , to <b>October 24, 1958</b> last saw her alive on <b>October 24, 1958</b> Death occurred at <b>5:15 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) <b>Frank J. [Signature] M. D.</b>		22b. ADDRESS <b>Princeton, Mo.</b>	
22c. DATE SIGNED <b>10-25-58</b>		23. NAME OF CEMETERY OR CREMATORY <b>Cain Cemetery</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 26, 1958</b>	
23c. LOCATION (City, town, or county) (State) <b>RFD Cainsville, Mo.</b>		24. DIRECTOR <b>[Signature]</b>	
24. ADDRESS <b>Cainsville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-25-58</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>		27. [Blank]	

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~~ Eddie J. Stoklasa, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 3602 .....

P. O. Address Cainsville, 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.