

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040794
STATE FILE NUMBER

Registration District No. 3046 224 Primary Registration District No. 3046 224 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California, Mo Walker</u>		c. CITY OR TOWN <u>California, Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home # 313 E Howard</u>		d. STREET ADDRESS (If outside, give location) <u>313 E Howard</u>	
Length of stay in 1b <u>6 Yrs</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Mancel</u> Middle <u>Eugene</u> Last <u>Meyer</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>18</u> Year <u>1958</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>Dec 6 1918</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
-----------------------	----------------------------------	---	---------------------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Bulk Station</u>	11. BIRTHPLACE (City and state or country) <u>Missouri-Versailles</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	---

13a. FATHER'S NAME <u>Roy Meyer</u>	13b. MOTHER'S MAIDEN NAME <u>Lula Caywood</u>	14. NAME OF HUSBAND OR WIFE <u>Dorthey Meyer</u>
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>495-01-7779</u>	17. INFORMANT <u>Mrs Dorothy Meyer - California, Mo</u>	Address <u>3561</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>Lateral Sclerosis (amyotrophic)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
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)		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. 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 Death occurred at <u>9:45</u> <u>Feb. 10, 1958</u> , to <u>Nov. 18, 1958</u> and last saw <u>him</u> alive on <u>Feb. Nov. 18, 1958</u> at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <u>D. A. Benyon D.O.</u> (Degree or title)	22b. ADDRESS <u>California, Mo.</u>	22c. DATE SIGNED <u>11/20/58</u>
--	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/20/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) (Specify) <u>Versailles, Mo</u>
--	------------------------------	--	--

24. FUNERAL DIRECTOR <u>Earl Boulin - California</u> ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>11/21/58</u>	26. REGISTRAR'S SIGNATURE <u>H. P. Pappey</u>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

300
1-57

06
6

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 *Jack A. Bowlin*

Licensed Embalmer No. *4933*

P. O. Address *California, 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.