. Health,
& Welfare
Public
Service

6. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000716
STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 613 Spruce — Length of stay in 1b: 10 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper
c. CITY OR TOWN Boonville — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 613 Spruce St. (If outside, give location) — Reside on Farm Yes [ ] No [X]

c 272

3. NAME OF DECEASED (Type or print): First James — Middle A. — Last Meyer

4. DATE OF DEATH Month January Day 1 Year 1959

5. SEX M

6. COLOR OR RACE W

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH May 2, 1878

9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Cob pipe factory

11. BIRTHPLACE (City and state or country) Cooper Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME John Meyer

13b. MOTHER'S MAIDEN NAME Margaret Breden

14. NAME OF HUSBAND OR WIFE Birdie Hornbeck 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. 3-222-616

17. INFORMANT LeRoy Meyer — Address Boonville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 1-1-59, to 1-1-59 and last saw ~~her~~ him alive on 1-1-59
Death occurred at 6:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T. C. Beckett (Degree or title) md
22b. ADDRESS Boonville Mo
22c. DATE SIGNED 1-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/3/59
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cem.
23d. LOCATION (City, town, or county) Boonville, Missouri (State)

24. FUNERAL DIRECTOR Goodman & Boller — ADDRESS Boonville, Mo.
25. DATE RECD. BY LOCAL REG. 1/3/59
26. REGISTRAR'S SIGNATURE D. E. Hooper

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.