

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020310

STATE FILE NUMBER

FILED JUN 16 1959

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Auxvasse</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Phillips Nurs. Home 13 Mo.</b>				Length of stay in 7b <b>13 Mo.</b>		STREET ADDRESS <b>Unknown</b> (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <b>Lewis</b> Middle <b>J.</b> Last <b>Meyer</b>				4. DATE OF DEATH Month <b>May</b> Day <b>30</b> Year <b>1959</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Mar. 17, 1870</b>		9. AGE (In years last birthday) <b>89</b>		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Ret. Farmer</b>		11. BIRTHPLACE (City and state or country) <b>Crown Point, Indiana</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13. FATHER'S NAME <b>John Meyer</b>						14. MOTHER'S MAIDEN NAME <b>Elizabeth Unknown</b>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>Paul Meyer, Auxvasse, MO.</b> Address							
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>Pneumonia (Terminal)</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>General Debility 4500</b>										INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>3 yrs to my knowledge</b>			
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 _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <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 <b>1956</b> to <b>May 10, 1959</b> and last saw him <b>live on 5-30-59</b> Death occurred at <b>4:20 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>[Signature]</b>						22b. ADDRESS <b>Auxvasse Mo</b>			22c. DATE SIGNED <b>6-1-59</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>June 1, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Auxvasse Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Callaway County, MO</b>					
24. FUNERAL DIRECTOR <b>Mauspin Funeral Home, Fulton, Mo</b> ADDRESS					25. DATE RECD. BY LOCAL REG. <b>June 1-1959</b>		26. REGISTRAR'S SIGNATURE <b>Blanche Reely</b>						

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 casually related. Coroner cannot certify to a death due to natural causes.

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 *Marshall C. Blackwelder*

Licensed Embalmer No. *47*

P. O. Address *Fulton, Ga.*

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.