URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN – 5 1960

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STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 94

AMENDED

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lancaster Rest Home
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Carroll
c. CITY OR TOWN Carrollton
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Robert Middle: Last: Meier
4. DATE OF DEATH Month: Dec. Day: 26. Year: 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Oct. 3. 1874
9. AGE (last birthday) 85
IF UNDER 1 YEAR: Months 2 Days 23. IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (City and state or country) Grand Pass Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William Meier
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Never Married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 496-07-5181
17. INFORMANT Miss Byrd Meier Address Carrollton Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Uremia	6 months
DUE TO (c)	Hypertensive	2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 Sept. 1959, to Dec. 26, 1959 and last saw him alive on Dec. 26, 1959
Death occurred at 3:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Everett L. Smith (Degree or title) M.D.
22b. ADDRESS 101 W. 9th St. Carrollton, Mo
22c. DATE SIGNED 12/29/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-29-59
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
23d. LOCATION (City, town, or county) Carrollton (State) Mo.

24. FUNERAL DIRECTOR Marshall Funeral Home ADDRESS Carrollton Mo.
25. DATE RECD. BY LOCAL REG. 12-27-59
26. REGISTRAR'S SIGNATURE Mrs Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. M. Marshall

Signature of Student Embalmer

Licensed Embalmer No. 2525

P. O. Address Carrollton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.