

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000095

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 34 STATE FILE NUMBER

FILED JAN 31 1963

VS 300
Rev. 4/59

0047
20870
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4 0
5 1
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94200
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12 1-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

Harry F. O'Brien, M.D.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ralls.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico, Missouri.</u>		Length of stay in 1b <u>3 Hrs</u>	c. CITY OR TOWN <u>RFD # 2, Perry, Mo.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain Co. Hospital.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Jasper Township.</u>
3. NAME OF DECEASED (Type or print) First <u>JOE</u> Middle <u>MEISSERT.</u> Last			4. DATE OF DEATH Month <u>Jan</u> Day <u>24</u> Year <u>1963</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>11-9-85</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm.</u>	11. BIRTHPLACE (City and state or country) <u>St Louis, Mo.</u>
13a. FATHER'S NAME <u>John Meissert.</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Antrobis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>19</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:		17. INFORMANT Address <u>Mrs Ruth Meissert, Perry, Mo.</u>	
IMMEDIATE CAUSE (a) <u>Acute Posterior Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
DUE TO (b) <u>3rd degree Heart Block.</u>		?	
DUE TO (c) <u>Arterio Sclerotic Type Heart Disease.</u>		?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None.</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) <u>X</u>	
20c. TIME OF INJURY Hour <u>3:00</u> Month, Day, Year <u>Jan 24 1963</u>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>X</u>	
20f. CITY, TOWN, OR LOCATION <u>Perry, Mo.</u>		COUNTY <u>Ralls</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>1-24-63</u> to <u>1-24-63</u> and last saw <u>him</u> alive on <u>1-24-63</u> Death occurred at <u>2:00</u> P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Harry F. O'Brien</u>		22b. ADDRESS <u>Mexico, Missouri.</u>	22c. DATE SIGNED <u>1-28-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-26-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grandview Cemetery.</u>	23d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Perry, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 29-1963</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>

FEB 7 1963

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 Clyde W. [Signature]

Licensed Embalmer No. 3820.

P.O. Address Perry, Missouri.

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.