

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005775  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. MM Primary Registration District No. 3016 Registrar's No. 93

**FILED MAR 8-1963**

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>OSAGE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>JEFFERSON CITY</b>		Length of stay in lb <b>6 days</b>	c. CITY OR TOWN <b>META</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>ST. MARY'S Hosp</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>META Mo.</b>
3. NAME OF DECEASED (Type or print) <b>JOSEPH LEO EUERS</b>		First Middle Last	4. DATE OF DEATH <b>MARCH 5 1963</b>

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 18 1892</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHARCOAL OPR.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CHARCOAL</b>		11. BIRTHPLACE (City and state or country) <b>ST. ELIZABETH MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>FRANK EUERS</b>		13b. MOTHER'S MAIDEN NAME <b>CHRISTINE GERLING</b>		14. NAME OF HUSBAND OR WIFE <b>CATHERINE EUERS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>CATHERINE EUERS META Mo.</b>			

18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b> <b>Intermittent Cardiac Vascular Disease</b> DUE TO (b) <b>Intermittent Cardiac Vascular Disease</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) 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		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
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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 a.m. p.m.	Month, Day, Year	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 **Feb 1961** to **Mar 5, 1963** and last saw him alive on **Mar 5, 1963**  
Death occurred at **7:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>L B Kleber MD</b>	22b. ADDRESS <b>Jefferson City, Mo</b>	22c. DATE SIGNED <b>3-6-63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MARCH 7 1963</b>	23c. NAME OF CEMETERY OR CREMATOR <b>ST. THOMAS CEMETERY</b>	23d. LOCATION (City, town, or County) (State) <b>ST. THOMAS Mo.</b>
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24. FUNERAL DIRECTOR'S ADDRESS <b>Crown Steiner Thieria Mo. 6 March 1963</b>	25. DATE RECD. BY LOCAL REG. <b>6 March 1963</b>	26. REGISTRAR'S SIGNATURE <b>R. H. Richter, Dep</b>
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	AMENDED	INSTEAD OF	DOCUMENT
3			
4	0		
5	1		
6			
7	0		
8	2		
9	4/20.1		
10			
11			
12	2-0		
13	1-0		

BY AFFIDAVIT OF

MAR 13 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 J. L. Sturman

Licensed Embalmer No. 4073

P. O. Address Lower 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.