

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041809
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **918** Primary Registration District No. **1003** Registrar's No. **10893**

FILED NOV 15 1963

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Rev: 4/59
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | a. STATE Texas b. COUNTY Harrison | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane | | c. CITY OR TOWN Houston Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 8914 Antanga Dr Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Orpha M Meyer | | | 4. DATE OF DEATH Month Day Year Nov. 3. 1963 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1/11/1908 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 55 |
| 13a. FATHER'S NAME C. C. Crawford | | 11. BIRTHPLACE (City and state or country) Illinois U.S.A | |
| 13b. MOTHER'S MAIDEN NAME Mary Knepper | | 12. CITIZEN OF WHAT COUNTRY | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) | | 14. NAME OF HUSBAND OR WIFE Kenneth E. Meyer | |
| No | | 16. SOCIAL SECURITY NO. 153.0 | |
| 17. INFORMANT Address Kenneth E. Meyer Houston, Texas | | | 18. CAUSE OF DEATH (Enter only one cause per part) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary consolidation DUE TO (b) General metastatic Carcinoma DUE TO (c) Adeno-Carcinoma of ascending colon 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) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 May 2, 1963 and last saw her alive on 11/3/63 Death occurred at Park Lane Hospital 2 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) L. A. Mullikin M.D. | | 22b. ADDRESS 2608 S. Kings Highway | 22c. DATE SIGNED 11/3/63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Nov. 5, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Chauncey | |
| 24. FUNERAL DIRECTOR ADDRESS Burke Funeral Home East St. Louis, Ill | | 23d. LOCATION (City, town, county) (State) LAWRENCE CO., ILL. #1140 | 25. DATE RECD. BY LOCAL REG. NOV 4 1963 |
| 26. REGISTRAR'S SIGNATURE Coat Smith, M.D. | | | |

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.