

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047838

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 140 Primary Registration District No. 5547 Registrar's No. 117

STATE FILE NUMBER

FILED DEC 17 1963

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN N. Moniteau		Length of stay in 1b 13 yrs	c. CITY OR TOWN Fayette Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION R. R. 5-Fayette, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) N. Moniteau Twp. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EARL Middle LOUIS Last MEISENHOLDER			4. DATE OF DEATH Month DEC. Day 12, Year 1963
5. SEX Male	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 6/10/1895
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) Ford County, Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Louis Meisenholder	
13b. MOTHER'S MAIDEN NAME Amelia Wienand		14. NAME OF HUSBAND OR WIFE Nila Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. W.W.I	
17. INFORMANT Mrs Nila W. Meisenholder, Fayette,		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) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary heart disease DUE TO (c)			18b. INTERVAL BETWEEN ONSET AND DEATH indefinite
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			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 SUICIDE HOME/DE <input checked="" type="checkbox"/> Natural	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 checked="" 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 1955 to Dec 12, 1963 and last saw her/him live on Aug 27, 1963 Death occurred at 9A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. J. Shanks Jr M.D.		22b. ADDRESS Fayette, Mo.	22c. DATE SIGNED 12-13-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/13/1963	23c. NAME OF CEMETERY OR CREMATORY Chatsworth Cemetery	23d. LOCATION (City, town, or county) (State) Chatsworth, Illinois
24. FUNERAL DIRECTOR Ralph A. Carr	ADDRESS Fayette, Mo.	25. DATE RECD. BY LOCAL REG. 12-13-63	26. REGISTRAR'S SIGNATURE Katherine Welch

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

VS 300	3	10450
Rev. 4/59	4	28459
	5	1
	6	
	7	1
	8	2
	9	1201
	10	
	11	
	12	90-0
	13	10

USE BLACK INK
 OR
 TYPEWRITER RIBBON

JAN 2 1964

Removal permit issued 12-13-63

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 Repal A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette, 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.