

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 21-65 Primary Registration District No. 6073 Registrar's No. 0016855 STATE FILE NUMBER

VS 300
Rev. 4/59

1 0940

2 0940

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4 0

5 1

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7 0

8 12

9 4/201

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11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (When deceased lived. If institution: Residence before admission) e. STATE Mo b. COUNTY St Francois		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b	c. CITY OR TOWN Bonne Terre		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt# 2, Perry Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Rt# 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Ernest August Meyer			4. DATE OF DEATH April 9, 1965		
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 Jan 6, 1898 - 69	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Lead Mining	11. BIRTHPLACE (City and state or country) St Francois Cty., Mo.		12. CITIZEN OF WHAT COUNTRY US
13a. FATHER'S NAME E. Ferd Meyer		13b. MOTHER'S MAIDEN NAME Martha D. Pose		14. NAME OF HUSBAND OR WIFE Mabel Blackwell Meyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address Mabel Meyer Rt# 2, Bonne Terre, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction of myocardium					INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic coronary thrombosis.					
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	
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 s.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 7-5-60 to 4-9-65 and last saw ^{her} him alive on 2-3-65 Death occurred at 2:00p m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		(Degree or title)		22b. ADDRESS Bonne Terre, Missouri	22c. DATE SIGNED 4-16-65
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr 12, 1965	23c. NAME OF CEMETERY OR CREMATORY St Francois Mem Pk		23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.	
24. FUNERAL DIRECTOR ADDRESS C.Z. Boyer & Son Bonne Terre, Mo.		25. DATE RECD. BY LOCAL REG. April 19, 1965	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

007883

STATE OF MASSACHUSETTS

Burial Permit issued April 12 1965

X

X

April 12 1965

Funeral August 1965

John D. Boyer

John D. Boyer

John D. Boyer, Licensed Embalmer, State of Massachusetts, License No. 5117

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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 Benjamin T. Boyer

Licensed Embalmer No. 5117

P. O. Address Bonnetree, Ma

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.

John D. Boyer, Licensed Embalmer, State of Massachusetts, License No. 5117