

FILED JUL 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22738

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 637

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Ozark - R.R. 0770	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) Ozark Co. Ozark, Mo	

3. NAME OF DECEASED (Type or Print), a. (First) CHARLES b. (Middle) BIRDE c. (Last) MYERS	4. DATE OF DEATH (Month) (Day) (Year) 7 - 20 - 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June - 1 - 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 1 Days 19	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Ozark Co - Mo	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME David Myers	13b. MOTHER'S MAIDEN NAME Marion Lion	14. NAME OF HUSBAND OR WIFE Fannie Woods
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Charley Myers	ADDRESS Ozark Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis		
	ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7/15, 1951**, to **7/20, 1951**, that I last saw the deceased alive on **7/20, 1951**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edward Marcus M.D. (Degree or title)	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 7/23/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/22/51	24c. NAME OF CEMETERY OR CREMATORY Lutie Cemetery	24d. LOCATION (City, town, or county) (State) Lutie - Ozark Co - Mo
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DATE REC'D BY LOCAL REG. 7-24-51	REGISTRAR'S SIGNATURE W.C. Handley	25. FUNERAL DIRECTOR'S SIGNATURE W.C. Handley	ADDRESS Springfield, Mo.
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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
Student Embalmer

Signed *Charles A. Roof*.....

Licensed Embalmer No. *3044*.....

P. O. Address *Gaensville MD*.....

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 this body is not embalmed, fact should be so stated above.