

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27616

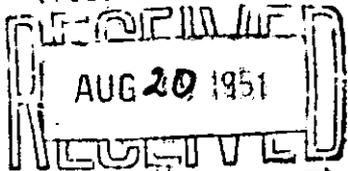
BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5751 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY <u>MILL CREEK</u> (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mill Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u> <u>0621</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MILL CREEK, Mo.</u> (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) <u>612 South MAIN</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u> b. (Middle) <u>DAVID</u> c. (Last) <u>MYERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 9, 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 30, 1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELECTRICIAN and PLUMBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (In years last birthday) <u>42</u> If under 1 year: Months _____ Days _____ If under 1 week: Hours _____ Mins. _____
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Willis Myers</u>		13b. MOTHER'S MAIDEN NAME <u>Maude Hosford</u>	
14. NAME OF HUSBAND OR WIFE <u>MARGUERITE M. MYERS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>493-01-3013</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marguerite M. Myers, Fredericktown, Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONERS Jury Verdict: Death caused by Accidental Contact</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>OF 7200 volt electric line</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>89146</u>	
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>DL2</u>	
21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>very lot to building</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MILL CREEK</u> <u>MADISON, Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>AUG. 9, 1951 10:00 A.M.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>From electric line</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Sam Dajin, Jr. Coroner Madison Co. Mo.</u>		23b. ADDRESS <u>Fredericktown Mo.</u>	
23c. DATE SIGNED <u>8-12-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>8-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAYERS Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>MADISON County Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Dajin, Jr. Fredericktown, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-12-1951</u>		REGISTRAR'S SIGNATURE <u>Flourence Nichols</u>	

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

16 70
3

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, N.O.



FILE No. 821-45

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~~ _____

working under my personal supervision.

Student Embalmer No.

Signed William B. O'Connor

Signed.....
Student Embalmer

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.