

JUL 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21465

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 130

1. PLACE OF DEATH

a. COUNTY Phelps

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla

c. LENGTH OF STAY (in this place) 13 months

d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Crawford

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cuba 1280

d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)

a. (First) Robert b. (Middle) E c. (Last) Myers

4. DATE OF DEATH (Month) (Day) (Year) June 6 - 29 - 1952

5. SEX male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 8, 1921 9. AGE (In years last birthday) 80

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Steeleville Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Peter Myers 13b. MOTHER'S MAIDEN NAME Emily Smith 14. NAME OF HUSBAND OR WIFE Iida H. - Deed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME Mrs. Jasper Taylor ADDRESS Rt #1, Cuba, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chr myocarditis

ANTECEDENT CAUSES

Morbid 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. Senility

INTERVAL BETWEEN ONSET AND DEATH 6 mo.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) Rolla Mo. Cuba Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 2 months, 1951, that I last saw the deceased alive on _____, 1951, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE B. E. Feind (Degree or title) M.D. 23b. ADDRESS Rolla Mo. 23c. DATE SIGNED 6-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 1 - 1952 24c. NAME OF CEMETERY OR CREMATORY Kindred 24d. LOCATION (City, town, or county) (State) Cuba Mo

DATE REC'D BY LOCAL REG. June 29, 1952 REGISTRAR'S SIGNATURE Nadine L. Stoll 380 FUNERAL DIRECTOR'S SIGNATURE Norman C. Hoener ADDRESS Cuba, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0812
4

County File Number _____
Date Filed 7-9-52

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 _____

Norman Q. Hoener

Signed _____
Student Embalmer

Licensed Embalmer No. 4673

P. O. Address Cuba, Missouri

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.