

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6856

State File No.

FILED MAR 4 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3643</u>		Registrar's No. <u>80</u>		
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hannibal</u>		c. LENGTH OF STAY (If this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		<u>1644</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>622 Mark Twain Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>622 Mark Twain Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Myers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 25 - 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, OR WIDOWED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 10, 1894</u>		
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work if considering most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Dexter, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>James Laird</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Fisher</u>		14. NAME OF HUSBAND OR WIFE <u>Roy V. 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy V. Myers</u> <u>Hannibal, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral & Cerebric with extensive metastases</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>171X</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>11:15 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Nov 9, 1952</u> to <u>2-25, 1953</u> , that I last saw the deceased alive on <u>2-24, 1953</u> , and that death occurred at <u>9:20 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>M. S. Fisher M.D.</u>				23b. ADDRESS <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>Feb 25/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-28-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2/26/53</u>		REGISTRAR'S SIGNATURE <u>H. C. Fisher Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond C. Clark</u>		ADDRESS <u>Hannibal, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED MAR 3 1953
MARION CO. HEALTH DEPT.
DATE FILED MAR 3 1953

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 *Raymond Clark*
4217

Licensed Embalmer No. _____

P. O. Address Hannibal, 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 this body is not embalmed, fact should be so stated above.