

STANDARD CERTIFICATE OF DEATH

11310

State File No.

FILED APR 19 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5126 Registrar's No. 392

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY <u>BUCHANAN</u>			a. STATE <u>MISSOURI</u> b. COUNTY <u>BUCHANAN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Crawford Twp. Lips</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Crawford Twp.</u>		
c. LENGTH OF STAY (in this place)			d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>-Wallace</u>			<u>WALLACE</u> <u>0110</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>CHARLES</u> b. (Middle) <u>MARLIN</u> c. (Last) <u>MYERS</u>			(Month) (Day) (Year) <u>4-12-54</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>CHILD</u>	8. DATE OF BIRTH <u>JAN. 27, 1945</u>	9. AGE (In years last birthday) <u>9</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>DEARBORN, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>HARVEY E. MYERS</u>	13b. MOTHER'S MAIDEN NAME <u>HAZEL HALLMAN</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HARVEY E. MYERS</u>
		ADDRESS <u>DEARBORN, MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9121 3</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused 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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Bloomington Buchanan, Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 12 1954 5:00</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Backed tractor into tree</u>

22. I hereby certify that I attended the deceased from 4-12, 1954, to 4-12, 1954, that I last saw the deceased alive on 4-12, 1954, and that death occurred at 6:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. L. Durham, M.D.</u>	23b. ADDRESS <u>Dearborn, Mo</u>	23c. DATE SIGNED <u>4-13-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-15-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DEARBORN CEM.</u>
24d. LOCATION (City, town, or county) (State) <u>DEARBORN MO</u>		

DATE REC'D BY LOCAL REG. <u>April 15, 1954</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>VAUGHN AUFRANC</u>	ADDRESS <u>DEARBORN, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Ms.

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.