

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15124**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5160** Registrar's No. **150**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Calwood Twp)	c. LENGTH OF STAY (in this place) 8 years	c. CITY OR TOWN Fulton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. STREET ADDRESS (If rural, give location) R.F.D.# 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Lewis	b. (Middle) Logan	c. (Last) Myers	4. DATE OF DEATH (Month) (Day) (Year) June 10 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb-22-1869	9. AGE (In years last birthday) 85
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 (City and State or Foreign Country) Near Williamsburg, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Benjamin Myers	13b. MOTHER'S MAIDEN NAME Mary Austin	14. NAME OF HUSBAND OR WIFE Mary
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. Lewis L. Myers ADDRESS Fulton, Mo R

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Elastic Coronary		
	ANTECEDENT CAUSES DUE TO (b) Cardio-Vascular Hypertension DUE TO (c) Cerebral Hemorrhage		
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"/>
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 3, 1950**, to **June 10, 1954**, that I last saw the deceased alive on **May 31, 1954**, and that death occurred at **9:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. P. Payne M.D.	23b. ADDRESS R#6 Fulton Mo	23c. DATE SIGNED June 11-1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June-13-1954	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery
24d. LOCATION (City, town, or county) (State) Rural Fulton Mo		

DATE REC'D BY LOCAL REG. June-11-1954	REGISTRAR'S SIGNATURE Maritta Lawrence	426-	25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home ADDRESS Fulton, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *William C. Trehan*

Licensed Embalmer No. *481*

P. O. Address *Hutton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.