

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17899**

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u>		Registrar's No. <u>42</u>		
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u> <u>Cape Girardeau</u> County,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lorraine</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville, Mo.</u>		0090		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutesville, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Lutesville, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Marvin</u>		b. (Middle) <u>Myers,</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>8-12-54</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>June, 19th 1894</u>		
9. AGE (In years last birthday) <u>59</u>		10. MONTH <u>11</u>		11. DAY <u>23</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor,</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming &amp; Labor</u>		11. BIRTHPLACE (State or foreign country) <u>Grassy, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>Edwain Myers</u>			13b. MOTHER'S MAIDEN NAME <u>Elizibth Cooper,</u>			14. NAME OF HUSBAND OR WIFE <u>Lula Myers,</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World war, I</u>			16. SOCIAL SECURITY NO. <u>489-12-3503</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lula Myers,</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>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
			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.					
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) _____		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 <u>Aug 19, 1954</u> , to <u>June 12, 1954</u> , that I last saw the deceased alive on <u>June 11, 1954</u> , and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John Crowe, M.D.</u>				23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>June 16, 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lutesville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>June 25-54</u>		REGISTRAR'S SIGNATURE <u>Edwina Van Amburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozy Shelby Lutesville, Mo.</u>		ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

0090

0090

JUL 7 1954

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..... *H. L. Hansen*

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau, 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.