

FILED DEC 8 1955

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 36442BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union Twp.</u>		c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Campbell, Mo. Rt. 2</u>				d. STREET ADDRESS (If rural, give location) <u>Route 2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>L.</u> c. (Last) <u>MYERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23 1955</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>July 14, 1892</u>		
9. AGE (in years last birthday) <u>63</u>		10. MONTHS <u>4</u>		11. DAYS <u>9</u>		12. IF UNDER 1 YEAR: Hours <u>0</u> Mins. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Labor</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Campbell Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jack Myers</u>			13b. MOTHER'S MAIDEN NAME <u>Liza Rice</u>			14. NAME OF HUSBAND OR WIFE <u>Bertha 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 W.W.I.</u>			16. SOCIAL SECURITY NO. <u>564-10-6855</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Myers Campbell, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>								
ANTECEDENT CAUSES DUE TO (b) <u>Cardiac asthma</u>								
DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4342</u>								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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. HOW DID INJURY OCCUR? _____		
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>1-5-</u> 19 <u>54</u> , to <u>11-8-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-8-55</u> , 19 <u>55</u> , and that death occurred at <u>3:00 P.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Bernard L. Franklin</u>					23b. ADDRESS <u>Campbell, Missouri</u>		23c. DATE SIGNED <u>11-28-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 28 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elder Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Campbell, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-29-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Rachel Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Landess Funeral Home Campbell, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HI  
DEPARTMENT... 12-5-5  
COUNTY FILE NUMBER 125

DEC 19 1957  
DEC 19 1957  
DEC 19 1957

JAN 21 1959

SEP 5 1957

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 Christine M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell

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.