FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8343

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 210

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson 016
d. STREET ADDRESS (If rural, give location): 405 Elmwood Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): LEE
b. (Middle): EDWARD
c. (Last): MYER

4. DATE OF DEATH (Month) (Day) (Year): March 25 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 25 1925
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY: Hosiery Mill
11. BIRTHPLACE (State or foreign country): Jackson Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Joseph Myer
13b. MOTHER'S MAIDEN NAME: Nitsch
14. NAME OF HUSBAND OR WIFE: Betty Myer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW Two
16. SOCIAL SECURITY NO.: 486-28-7025
17. INFORMANT'S SIGNATURE OR NAME: Joseph Myer — ADDRESS: Jackson, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Cerebral Trauma + Concussion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fracture of Skull - Occipit

DUE TO (c) Fracture of Cervical 1 Vertebra

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Contusion of Kidneys

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) dk
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 22, 1956, *to* March 25, 1956, *that I last saw the deceased alive on* March 25, 1956, *and that death occurred at* 9:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melvin C. Kistler M.D.
23b. ADDRESS: 937 Broadway Cape Girardeau
23c. DATE SIGNED: March 31, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/28/1956
24c. NAME OF CEMETERY OR CREMATORY: Russell Heights
24d. LOCATION (City, town, or county) (State): Jackson, Missouri

DATE REC'D BY LOCAL REG.: 4-2-56
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: McCombs Funeral Home Co. — ADDRESS: Jackson Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300 10.48

44

VS APR 8 1964

APR 20 1956

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 Thos K Allen

Licensed Embalmer No. 4055

P. O. Address Jackson, M

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.