

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 27 1956

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5740 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>New Cambria</u>		c. CITY OR TOWN <u>New Cambria</u>	
c. LENGTH OF STAY (in this place) <u>190</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>IRA</u>	b. (Middle) <u>MYERS</u>	c. (Last) <u>MYERS</u>	4 -	20 -	56
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>8-28-71</u>	9. AGE (to years last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>W. Myers</u>		13b. MOTHER'S MAIDEN NAME <u>D.K.</u>	14. NAME OF HUSBAND OR WIFE <u>Emma M. Myers</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leo Myers, Lake Point, Mo</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
F. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute circulatory failure</u>		DUE TO (b) <u>Coronary occlusion</u>		<u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Coronary atherosclerosis</u>		<u>3 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>				<u>5-10 yrs.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov. 20, 1955, to April 20, 1956, that I last saw the deceased alive on April 20, 1956, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>William J. Freitas, D.O.</u>		23b. ADDRESS <u>New Cambria, Mo.</u>		23c. DATE SIGNED <u>April 20, 1956</u>	
24a. FUNERAL, CREMATION, OR REMOVAL (Specify) <u>Funeral</u>		24b. DATE <u>4/22/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Johnson Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Lagonda Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>889 Edwards, Paris, Mo</u>		DATE REC'D BY LOCAL REG. <u>Apr 20 1956</u> REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u>	

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

(24)

RECEIVED 4.24.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 4.56.64
Date Filed 4.24.56

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 *John Edwards*

Licensed Embalmer No. 196

P. O. Address *Revier*

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.