S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 24 1956

State File No. 24450

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5788 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: MISSISSIPPI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL ST. JAMES
c. LENGTH OF STAY (In this place): 2 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 MILES NORTH OF EAST PRAIRIE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MISSISSIPPI
c. CITY OR TOWN: 0670
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 3 MILES NORTH OF EAST PRAIRIE Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLEY
b. (Middle):
c. (Last): MYERS

4. DATE OF DEATH (Month) (Day) (Year): JUNE 23 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 15, 1881
9. AGE (In years last birthday): 75 — 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): FORMER
10b. KIND OF BUSINESS OR INDUSTRY: FORMER
11. BIRTHPLACE (City and State or Foreign Country): MAYFULD KY.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN MYERS
13b. MOTHER'S MAIDEN NAME: MARY ALICE JACKSON
14. NAME OF HUSBAND OR WIFE: EULA MYERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: MRS. EARL WAMBLE — ADDRESS: E. PRAIRIE Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — ?
DUE TO (c) Arteriosclerosis — ?

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: 3 31X
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)
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* May 21, 19 56, *to* June 21, 19 56, *that I last saw the deceased alive on* _____ 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-25-56
24c. NAME OF CEMETERY OR CREMATORY: DOGWOOD CEMETRY
24d. LOCATION (City, town, or county) (State): MISSISSIPPI Mo.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE: Gertie Lock
25. FUNERAL DIRECTOR'S SIGNATURE: Travis Shelby
ADDRESS: East Prairie Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
Miss. Co. Health D
County File No. JUL
Date Filed JUL 9

JUL 31 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Travis Shelby Jr.....

Licensed Embalmer No 4940

P. O. Addres East Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.