

FILED OCT 30 1956

STANDARD CERTIFICATE OF DEATH

State File No. **33510**BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4156** Registrar's No. **56-68**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) So. Greenfield c. LENGTH OF STAY (in this place) 79 yrs.		c. CITY OR TOWN So. Greenfield d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION N. part of town		STREET ADDRESS (If rural, give location) N. part of town	

3. NAME OF DECEASED (Type or Print) Charley Alexander Myers; Sr			4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1956		
5. SEX M	6. COLOR OR RACE White	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 16, 1863	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John A. Myers		13b. MOTHER'S MAIDEN NAME Jane Smith		14. NAME OF HUSBAND OR WIFE Callie Myers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mr. Jesse Myers; R#1, Everton, Mo. ADDRESS _____	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis		MEDICAL CERTIFICATION 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) Myocardial infarction DUE TO (c) Generalized 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 _____		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) 420.1	
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 **Oct 15, 1956**, to **Oct 22, 1956**, that I last saw the deceased alive on **Oct 22, 1956**, and that death occurred at **8:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. Kloudschmidt (Degree or title) D.O.		23b. ADDRESS Greenfield, Mo.		23c. DATE SIGNED 10-25-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-26-1956		24c. NAME OF CEMETERY OR CREMATORY Daughtrey Cem.	
24d. LOCATION (City, town, or county) (State) Dade County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada ADDRESS Greenfield, Mo.			
DATE REC'D BY LOCAL REG. 10-25-56		REGISTRAR'S SIGNATURE J. C. Canada		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada ADDRESS Greenfield, Mo.	

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 *J. C. Canada*.....

Licensed Embalmer No. *4196*
P. O. Address *Greenfield*

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.