

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23387

FILED AUG 5 1957

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 269

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Mo b. COUNTY Adair		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1305-N-MAIN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARION Middle D. Last MYERS			4. DATE OF DEATH Month July Day 21 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 24, 1867	9. AGE (In years last birthday) 89 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) Fulton Co. Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Daniel Myers		
14. MOTHER'S MAIDEN NAME Hannah Divellbiss			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.			17. INFORMANT ms Mildred Barkley Kunkle Address _____		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OBSTRUCTION OF TRANSVERSE COLON (PROBABLY MALIGNANT) DUE TO (b) COLON (PROBABLY MALIGNANT) DUE TO (c) SURGERY REFUSED Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 153x	
21. I attended the deceased from 7-19-57 to 7-21-57 and last saw ^{them} him alive on 7-20-57 Death occurred at 1:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE Earl Laughlin (Degree or title) Dr		
22b. ADDRESS Bertsville, Mo		22c. DATE SIGNED 7-23-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-23-1957		23c. NAME OF CEMETERY OR CREMATORY Highland Park	
23d. LOCATION (City, town, or county) Kirksville		23e. (State) Mo		24. FUNERAL DIRECTOR Doris & Doris, Kirksville, Mo	
25. DATE RECD. BY LOCAL REG. 7-27-1957		26. REGISTRAR'S SIGNATURE Doris W. Ratliff			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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.....
Robert B. Lane

Licensed Embalmer No. *H.*

P. O. Address *Kirkville*

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