FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23807
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 343

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 424 Marie St. — Length of stay in lb: 6 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 424 Marie St. — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First BERTHA — Middle A. — Last MYERS

4. DATE OF DEATH (Month, Day, Year): July 12, 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH: April 6, 1872

9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 3, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (City and state or country): Chester, Illinois

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Robert Adams

14. MOTHER'S MAIDEN NAME: Cordelia Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT — Address: Mrs. B. E. Montgomery — Cape Gir., Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): arteriosclerotic heart disease c acute coronary occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200

INTERVAL BETWEEN ONSET AND DEATH:

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 4/5/57, to 7/12/57 and last saw her/him alive on 7/8/57. Death occurred at 8:30 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. H. Kerin MD

22b. ADDRESS: Cape Girardeau Mo.

22c. DATE SIGNED: 7/13/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 15, 1957

23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Catholic Cem.

23d. LOCATION (City, town, or county) (State): St. Marys, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Walther's Funeral Home — Cape Gir., Mo.

25. DATE RECD. BY LOCAL REG.: 7-16-1957

26. REGISTRAR'S SIGNATURE: C. C. Summers

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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...00 ...-56

...diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

+4-0

MAR 28 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Virgil W. Welch.....

Licensed Embalmer No. 7/.

P. O. Address Cape Gira

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.