

Health, Welfare  
Public  
Service

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32672  
STATE FILE NUMBER  
Registrar's No. 376

Registration District No. 209 Primary Registration District No. 3049

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Green</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>Springfield</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Windsor Hotel 125 So Main St</b>		d. STREET ADDRESS (If outside, give location) <b>1227 E. Harrison</b>	
3. NAME OF DECEASED (Type or print) First <b>Clarence</b> Middle <b>Edgar</b> Last <b>Myers</b>		4. DATE OF DEATH Month <b>9</b> Day <b>20</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1/8/1911</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pharmacist</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Wheatland, Missouri</b>
13a. FATHER'S NAME <b>John Myers</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Iiams</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Arlene Myers</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>486-01-8662</b>	17. INFORMANT Address <b>Mrs. Arlene Myers, 1227 E. Harrison St.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive gastric hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2-3 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Penetrating ulcer of stomach</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) <b>5400</b>			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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. _____			
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 COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Henry H. Sweet's J MD Coroner 3</b>		22b. ADDRESS <b>Hannibal Mo</b>	
22c. DATE SIGNED <b>9/26/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/23/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Eglewood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>H.M. O'Donnell, Hannibal, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9/26/57</b>	26. REGISTRAR'S SIGNATURE <b>WEM Lucke By HCF Fisher</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diagnoses in Part I must be causally related.

RECEIVED SEP 27 1957  
MARION CO. HEALTH DEPT.  
DATE FILED SEP 27 1957

SEP 27 1957

OCT 2 1957

MAY 5 1958

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 *A. M. O'Donnell* .....

Licensed Embalmer No. 3889 .....

P. O. Address Hannibal, Mo. .....

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.