

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1957

32711

STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 30

| | | | | | |
|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>East Prairie Mo.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>East Prairie Mo.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>East Prairie Mo.</u> | | Length of stay in 1b <u>66 Years</u> | d. STREET ADDRESS <u>333 W. Main</u> | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Myers</u> Last | | | 4. DATE OF DEATH Month <u>9-15-</u> Day <u>57</u> Year | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec. 25-1883</u> | 9. AGE (In years last birthday) <u>73</u> | 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) <u>Day Work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Day Work</u> | 11. BIRTHPLACE (City and state or country) <u>Mayfield Ky.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13. FATHER'S NAME <u>Unknown</u> | | | 14. MOTHER'S MAIDEN NAME <u>Mary Sutherland</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>Mrs. Ella Myers 333 W. Main East Prairie Mo</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE. (a) <u>Right middle cerebral artery thrombosis</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Generalized arteriosclerosis 443x</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hypertensive Cardiovascular disease</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>28 days</u> |
| 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 Month, Day, Year a. m. p. m. | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION <u>1</u> | | COUNTY STATE | |
| 21. I attended the deceased from <u>8/19/57</u> to <u>8/31/57</u> and last saw <u>him</u> alive on <u>8/31/57</u> Death occurred at <u>approx. 11:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>A. F. Krayer M. D.</u> (Degree or title) | | 22b. ADDRESS <u>206 N. Lincoln East Prairie Mo.</u> | | 22c. DATE SIGNED <u>9/23/57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>9-18-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Dogwood Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Mississippi Co. Mo.</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Travis Shelby Jr. East Prairie Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>9-30-57</u> | 26. REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u> | | |

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed 10-3-57

NOV 22 1957

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 Travis Shelby Jr.
Licensed Embalmer No. 491

P. O. Address East...

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.