

Health,
& Welfare
S. Public
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v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45314

STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Rolla</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>707 "A" East 14th</u> Length of stay in 1b <u>2 months</u>		d. STREET ADDRESS (If outside, give location) <u>707 "A" East 14th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>BOYD CLYDE MYRTLE</u>			4. DATE OF DEATH Month Day Year <u>Dec. 10, 1957</u>
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>Oct. 16, 1917</u>
9. AGE (In years last birthday) <u>40</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. Army (Retired)</u>	11. BIRTHPLACE (City and state or country) <u>Texarkana Texas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. Army (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Military</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry J. Myrtle</u>		13b. MOTHER'S MAIDEN NAME <u>May Duval</u>	14. NAME OF HUSBAND OR WIFE <u>Luise Myrtle</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 20 years svc. retired</u>		16. SOCIAL SECURITY NO. <u>126-30-5968</u>	17. INFORMANT Address <u>Mrs. Luise Myrtle, 707 A East 14, Rolla 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>Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
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) <u>493X</u>			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 Month, Day, Year a.m. p.m. _____			
20d. INJURY OCCURRED WHILE AT <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) <u>S. F. Anderson M.D.</u>		22b. ADDRESS <u>Rolla, Mo.</u>	
		22c. DATE SIGNED <u>12/19/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 13, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Texarkana, Texas.</u>	
24. FUNERAL DIRECTOR By: <u>Paul E. Gull</u> ADDRESS <u>Rolla, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 18, 1957</u>	
26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

RECEIVED
Phelps County Health Office

County File Number 714
Date Filed 12/27/57

JAN 6 1958

FEB 18 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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.