

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013496
State File No.

FILED APR 17 1958

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 311 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfax</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		1008	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (First) <u>ROBERT</u>	b. (Middle) <u>E. LEE</u>	c. (Last) <u>MYERS</u>	4. DATE OF DEATH (Month) <u>APR</u> (Day) <u>5</u> (Year) <u>1958</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 15, 1916</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>LINEMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ELECT. UTILITY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SILVA, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>CALVIN MYERS</u>	13b. MOTHER'S MAIDEN NAME <u>MAY BENNETT</u>	14. NAME OF HUSBAND OR WIFE <u>RUTH MILLHOUSE MYERS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>UN KN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruth Myers Fairfax Mo</u>	ADDRESS <u>1912 Broadway</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Electrical Burns</u>		<u>3 days</u>
DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>100</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2 April, 1958, to 5 April, 1958, that I last saw the deceased alive on 5 April, 1958 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	Degree or title) _____	23b. ADDRESS <u>1912 Broadway</u>	23c. DATE SIGNED <u>8 April</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-7-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lighten Mem. Cem. Illinois Missouri</u>	24d. LOCATION (City, town, or county) (State) <u>Illinois Mo</u>
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DATE REC'D BY LOCAL REG. <u>April 12, 1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. Homer E. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Displing Hays Funeral Home</u>	ADDRESS <u>Illinois Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 18 1958

APR 21 1958

APR 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
Student Embalmer

Signed Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Illms, 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 this body is not embalmed, fact should be so stated above.