

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024740

STATE FILE NUMBER

9
FILED AUG 11 1958

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 481

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wayne		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lodi 1110		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brandon Hospital		Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle Orla Last Myers			4. DATE OF DEATH Month 7 Day 28 Year 58		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 9, 1918		9. AGE (In years last birthday) 39
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Coldwater, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Dr. Orla A. Myers		13b. MOTHER'S MAIDEN NAME Mayme Schooff		14. NAME OF HUSBAND OR WIFE Lenora Duncan Myers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Lenora Myers Address Lodi, 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) Acute cardiac failure					INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Acute nephritis					2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 7-28-58 to 7--28-58 and last saw her/him alive on 7-28-58 Death occurred at 8:25 p. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W.L. Brandon, M.D. (Degree or title)			22b. ADDRESS 1124 N. Main, Poplar Bluff, Mo.		22c. DATE SIGNED 8-1-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-31-58	23c. NAME OF CEMETERY OR CREMATORY Masonic Memorial Cem.		23d. LOCATION (City, town, or county) (State) Fredericktown, Mo.
24. FUNERAL DIRECTOR Norman W. Gish ADDRESS Piedmont, Mo.		25. DATE RECD. BY LOCAL REG. 8/2/58		26. REGISTRAR'S SIGNATURE <i>R. R. ...</i>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

RECEIVED

AUG 14 1958

AUG 6 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

24 hours
3 weeks

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 Me, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Morven E. Bowler

7-5-58

7-5-58

Licensed Embalmer No. 4426

P. O. Address Piedmont

5-1-58

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.