

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032368  
STATE FILE NUMBER

36767-58  
REGISTRATION DISTRICT No. 128 Primary Registration District No. 2000 Registrar's No. 866-B

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Springfield</u> 0396 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. St John's Hosp</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Rt 2 Box 528</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>William Douglas Myers</u>			4. DATE OF DEATH Month Day Year <u>Sept 4 1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 17, 1918</u>		9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Branson Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>William Myers</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Linnis</u>		14. NAME OF HUSBAND OR WIFE <u></u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>William Myers Sped Mo</u> Address	

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>Suffocation - by Nick Niquigata</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9210 18</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Congenital Heart, patent ductus arterium - patent Foramen Septum</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <u>Drink Kerosene</u>		
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>			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 <u>039</u>		STATE <u></u>	

21. I attended the deceased from <u>Sept 2, 1958</u> , to <u>Sept 4, 1958</u> and last saw her/him alive on <u>Sept 2, 1958</u> Death occurred at <u>About noon</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. M. D.</u>			22b. ADDRESS <u>Springfield, Mo</u>		22c. DATE SIGNED <u>9-8-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>9-7-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>oak Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>Branson Mo</u>
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24. FUNERAL DIRECTOR <u>Whitaker Funeral Chapel Branson, Mo</u>		ADDRESS <u></u>	25. DATE RECD. BY LOCAL REG. <u>9-15-58</u>	26. REGISTRAR'S SIGNATURE <u>Effie E. Melton</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

NO symptoms with date

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 *Walter S. Cook* .....

Licensed Embalmer No. *4731* .....

P. O. Address *Farmington* .....

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.