

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038736

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 362

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Adair</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>nox</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Paris</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Home # 1</b>		Length of stay in 1b <b>3 months</b>	d. STREET ADDRESS (If outside, give location) <b>652 8</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Arthur</b> Middle <b>Jarvis</b> Last <b>Myers</b>			4. DATE OF DEATH Month <b>November</b> Day <b>11</b> Year <b>1958</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 7, 1881</b>		9. AGE (In years last birthday) <b>77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Adair Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Dr. James Myers</b>		13b. MOTHER'S MAIDEN NAME <b>Georgiana Myers</b>		14. NAME OF HUSBAND OR WIFE <b>Mabel Myers</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If <b>no</b> , give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mabel Myers</b> Address <b>Paris, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <b>Thoracic Aortic Aneurysm</b>					<b>unknown</b>
DUE TO (c) <b>arteriosclerosis</b>					<b>451X unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <b>Small intestinal obstruction of undetermined etiology</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <b>August 16, 1958</b> , to <b>Nov. 11, 1958</b> and last saw him alive on <b>Nov. 11, 1958</b> Death occurred at <b>3:15</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>George H. Scheurer, D.O.</b>			22b. ADDRESS <b>Kirksville</b>		22c. DATE SIGNED <b>11-15-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Nov. 12, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greensburg Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Greensburg, Missouri</b>
24. FUNERAL DIRECTOR <b>Gerth Buskett</b> ADDRESS <b>Memphis Mo</b>			25. DATE RECD. BY LOCAL REG. <b>11-18-58</b>		26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 11 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 *Albert C. Guth* .....

Licensed Embalmer No. *4257* .....

P. O. Address *Memphis* .....

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.