

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046881

STATE FILE NUMBER

FILED DEC 28 1958

Registration District No. 326

Primary Registration District No. 4483

Registrar's No. 190

1. PLACE OF DEATH a. COUNTY Scotland		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scotland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rutledge		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rutledge.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Mayme Middle Jane Last Myers			4. DATE OF DEATH Month Dec. Day 10. Year 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 5, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 67
11. BIRTHPLACE (City and state or country) Scotland Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Arthur Gordon		13b. MOTHER'S MAIDEN NAME Mary Jane Agan	14. NAME OF HUSBAND OR WIFE Pert 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 Address Pert Myers, Rutledge, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Accident (Hemorrhage) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio Sclerosis, Cerebral Changes DUE TO (c) Hypertension, Rupture of Artery in Cerebrum			INTERVAL BETWEEN ONSET AND DEATH
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 11/10/58 to 12/10/58 and last saw her alive on 12/10/58 Death occurred at not at home a time of death on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. S. Dennis D.D. (Print or fill)		22b. ADDRESS Baring, Mo	22c. DATE SIGNED 12/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 13, 58	23c. NAME OF CEMETERY OR CREMATORY Rutledge Cemetery
23d. LOCATION (City, town, or country) Rutledge, Missouri		23e. (State)	
24. FUNERAL DIRECTOR W. H. Baker		25. DATE RECD. BY LOCAL REG. 12-17-1958	26. REGISTRAR'S SIGNATURE Dee S. Purmer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Myself, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Frederick Lutz

Licensed Embalmer No. 423

P. O. Address Myself

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.