

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-187543
STATE FILE NUMBER

FILED MAY 18 1959 Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Howe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>509 E. Cleveland</u>	

3. NAME OF DECEASED (Type or print) First <u>Wm</u> Middle <u>Henry</u> Last <u>Myers</u>			4. DATE OF DEATH Month <u>4</u> Day <u>25</u> Year <u>59</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-27-1873</u>	9. AGE (In years, lost part day) <u>86</u> Months <u>7</u> Days <u>28</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Sturgeon Co., Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>E. F. Myers</u>	13b. MOTHER'S M maiden name <u>May E. Simpson</u>	14. NAME OF HUSBAND OR WIFE <u> </u>
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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>W. F. Myers, Thule, Greenland</u>
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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>Arthritis Deformans</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7230</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUED TO (b) <u>Decubitus Ulcers. Malnutrition</u> DUED TO (c) <u>Dental Caries. Old severe Myocarditis. Old & Seizure</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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.)
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20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> Month, Day, Year <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <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>West Plains, Mo</u>	COUNTY <u> </u> STATE <u> </u>
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21. I attended the deceased from Death occurred at <u>8 Jan 1958</u> to <u>25-4-59</u> and last saw him alive on <u>23-4-59</u> at <u>8:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. F. Myers</u> (Degree or title) <u> </u>	22b. ADDRESS <u>West Plains, Mo</u>	22c. DATE SIGNED <u>3 May 59</u>
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23a. BURIAL, CREMATION, REBURY (Specify)	23b. DATE <u>4-29-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	23d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>
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24. FUNERAL DIRECTOR <u>Robertson West Plains, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-12-59</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *A. S. Roberts*

Licensed Embalmer No. 3437

P. O. Address West Hill

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.