RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 11 1959

59-030017

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 160

DED

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla. Length of stay in 1b ~~1 yrs~~ 2 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Phelps Co. Memorial Hosp. Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN Cuba Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First William Middle Edward Last Myers

4. DATE OF DEATH Month August Day 27, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-22-1877
9. AGE (last birthday) 82 IF UNDER 1 YEAR Months 5 Days 5 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Steelville, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Cyrus Myers
13b. MOTHER'S MAIDEN NAME Mary Duncan
14. NAME OF HUSBAND OR WIFE Minnie Nee Adair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-14-4361A
17. INFORMANT Gladys Otterman, Address Cuba, 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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerosis far advanced — yes
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 6/20/57, to 8/27/59 and last saw her/him alive on 8/ /59
Death occurred at 8/27/59 at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M. Myers MD
22b. ADDRESS Rolla Mo
22c. DATE SIGNED 8/31/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-30-1959
23c. NAME OF CEMETERY OR CREMATORY Pleasant Point Cemetery
23d. LOCATION (City, town, or county) (State) Steelville, Missouri

24. FUNERAL DIRECTOR [signature] ADDRESS Cuba, Mo.
25. DATE RECD. BY LOCAL REG. Aug 31, 1959
26. REGISTRAR'S SIGNATURE Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Paul C. Franklin

Licensed Embalmer No. 3472

P. O. Address Cuba, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.