

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030101

FILED VS. SEP 1 1959 297

Registration District No. 3057 Registrar's No. 111

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		Length of stay in 1b 2 years	c. CITY OR TOWN Richmond Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clemens Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 403 North Thornton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Millard Middle E. Last Myers			4. DATE OF DEATH Month August Day 16 , Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-29-1888	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Administration		10b. KIND OF BUSINESS OR INDUSTRY Meat Packing	11. BIRTHPLACE (City and state or country) Freeman, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Johnson E. Myers		13b. MOTHER'S MAIDEN NAME Nancy A. Suddarth		14. NAME OF HUSBAND OR WIFE Minnie (Magill) 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. 104-07-9774		17. INFORMANT Address Mrs. Merl Irons, Richmond Missouri	

18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **C.V.A.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arterio-sclerosis**

DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH
24 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
OPASTIC 12 yrs

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

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 _____ a.m. _____ p.m.	Month, Day, Year _____	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 **1958** to **Aug 16-1959** and last saw her alive on **Aug 16-1959**
Death occurred at **3:30 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title)	22b. ADDRESS Richmond	22c. DATE SIGNED 8-17-59
--	---------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-19-1959	23c. NAME OF CEMETERY OR CREMATORY Dockery Cemetery	23d. LOCATION (City, town, or county) (State) Ray County, Missouri
--	-------------------------------	---	--

24. FUNERAL DIRECTOR Quest-Lite Funeral Home Address Richmond, Missouri.	25. DATE RECD. BY LOCAL REG. 8-24-1959	26. REGISTRAR'S SIGNATURE Malcol Jackson
---	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 17 1968

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

George G. G. G.

Licensed Embalmer No. 4060

P. O. Address Putnam

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.