

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040679

FILED VS NOV 17 1959

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 163

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cartersville		Length of stay in 1b		c. CITY OR TOWN Cartersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF HOSPITAL OR INSTITUTION 319 E. Hannum St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 319 E. Hannum		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last Louis G. Myers				4. DATE OF DEATH Month Day Year November 9 1959							
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/2/1879	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee of American Gas Co.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Memphis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Dr. W. I. Myers			13b. MOTHER'S MAIDEN NAME Amanda Givens			14. NAME OF HUSBAND OR WIFE Myrtle Sullivan Myers					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unk</i>			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Myrtle Myers, 319 E. Hannum, Cartersville						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound head fatal instantaneous</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Shot through eye pulled trigger</i>							
20c. TIME OF INJURY Hour Month, Day, Year <i>3 11-9-1959</i>	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.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>Cartersville</i>	COUNTY <i>Jasper</i>	STATE <i>Mo.</i>
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <i>Loeberman Corwin Jasper Co.</i>				22b. ADDRESS <i>Med Arts Bldg Jasper Mo</i>				22c. DATE SIGNED <i>11/12/59</i>			
23a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Nov. 11, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oronogo</i>			23d. LOCATION (City, town, or county) <i>Oronogo, Mo.</i>						
24. FUNERAL DIRECTOR <i>Hedre-Lewis Funeral Home, Lebb City, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>11-12-59</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Richard Gray Lee

Licensed Embalmer No. 4403

P. O. Address Webb City

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.