

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012098

FILED VS APR 4 1960

Registration District No. 277 Primary Registration District No. 5949 Registrar's No. 15

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bowling Green - Curira</u>		Length of stay in 1b -	c. CITY OR TOWN <u>Wentzville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 MI NORTH ON Hwy 61</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>205 E. N. Main</u>
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Margaret</u> Middle <u>Ann</u> Last <u>Harper</u>			4. DATE OF DEATH Month <u>3</u> Day <u>25</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>9-22-1937</u>	9. AGE (last birthday) <u>22</u>	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) <u>Secretary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M'Donnell Air Craft</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ivan D'cott Myers</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Myers</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT <u>Lillian S. Myers</u> Address <u>205 E. N. Main Wentzville, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
IMMEDIATE CAUSE (a)	<u>Basal skull fracture, Bunker</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Rt. wrist, left ankle</u>	
	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 checked="" type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Torso car accident - Head on collision</u>	
20c. TIME OF INJURY Hour <u>7</u> am. _____ p.m. _____ Month, Day, Year <u>3 25-60</u>	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.) <u>Hwy 61 - 1/2 mi North</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Bowling Green, Pike Mo.</u>
21. I attended the deceased from <u>7 P</u> to _____ and last saw her <u>dead</u> on <u>March 25</u>		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) <u>J. C. Udd</u> <u>Coroner</u>		22b. ADDRESS <u>Bowling Green Mo</u>		22c. DATE SIGNED <u>3-26-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-28-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Wright City, Mo.</u>	
24. FUNERAL DIRECTOR <u>T. J. Pitman</u> ADDRESS <u>Wentzville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-1-60</u>	26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 5 1960

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 James O. Merrell

Licensed Embalmer No. 4152

P. O. Address Bowling Green

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.