

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-020028

FILED VS JUN 6 1960

182

Registration District No. 5681

Registrars No. 8

STATE FILE NUMBER

| | | | | | | | | | |
|---|--|---|--|---|---|--|---|--------------|--|
| 1. PLACE OF DEATH a. COUNTY Linn | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grantsville Twp. | | Length of stay in 1b 4 yrs | | c. CITY OR TOWN Purdin | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD Purdin | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) RFD Purdin | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Herman Middle Keith Last Myers | | | | 4. DATE OF DEATH Month May Day 20 Year 1960 | | | | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 8-1-1896 | 9. AGE (last birthday) 63 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HR Hours 0 Min. 0 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | | 10b. KIND OF BUSINESS OR INDUSTRY Own farm | | 11. BIRTHPLACE (City and state or country) Linn County, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | | |
| 13a. FATHER'S NAME Daniel Price Myers | | | 13b. MOTHER'S MAIDEN NAME Leota V. Jolly | | | 14. NAME OF HUSBAND OR WIFE Eva F. Foster | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I | | | 16. SOCIAL SECURITY NO. 481-22-1768 | | 17. INFORMANT Address Mrs. Eva Myers, Purdin, 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) Gastric hemorrhage | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 hrs | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of pancreas with obstructive jaundice and multiple metastases in liver omentum & regional nodes | | | | | | | DUE TO (c) 1 yr (?) | | |
| 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 checked="" type="checkbox"/> NO <input 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 2 p. Month, Day, Year April 16 1960 | | 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 Brookfield Mo | | COUNTY STATE | |
| 21. I attended the deceased from April 16 1960 to May 20 1960 and last saw him alive on May 8 1960 . Death occurred at 2 p. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE John R. Dixon M.D. (Degree or title) | | | | 22b. ADDRESS Brookfield Mo | | | 22c. DATE SIGNED 6-21-60 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE May 22, 1960 | 23c. NAME OF CEMETERY OR CREMATORY I. O. O. F. Cemetery | | 23d. LOCATION (City, town, or county) (State) Linnus, Mo. | | | | |
| 24. FUNERAL DIRECTOR ADDRESS Wright Funeral Home, Brookfield, Mo. | | | | 25. DATE RECD. BY LOCAL REG. June 1 - 1960 | | 26. REGISTRAR'S SIGNATURE Mrs. Berdie Kelley | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 9 1960

JUL 6 1960

MS
DEC 29 1960

JUN 6

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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Mo

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