

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-023830
STATE FILE NUMBER

FILED VS JUN 24 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 247

300
-57

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>New Canton Illinois</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>		Length of stay in lb <u>2</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last
Mrs. Madge Myers

4. DATE OF DEATH Month Day Year
6/19/60

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9/6/1890</u>	9. AGE (In years, months, days, hours, min.) <u>70</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor at school</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>New Canton Ill /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S</u>
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13a. FATHER'S NAME <u>William Bolin</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Fisher</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XXXXXX</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>R. V. Hull</u>	Address <u>New Canton Illinois</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial failure INTERVAL BETWEEN ONSET AND DEATH acute

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Anterior myocardial infarct rescent

DUE TO (c) Diabetic Comma severe 260X 24 hrs

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

19. WAS AUTOPSY PERFORMED?
 YES NO

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

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 COUNTY STATE
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21. I attended the deceased from 6/18/60 to 6/19/60 and last saw ^{her}/_{him} alive on 6/19/60
Death occurred at 5:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. V. Hull</u> (Degree or title)	22b. ADDRESS <u>Hull, rd 2</u>	22c. DATE SIGNED <u>6/20/60</u>
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>Burial</u>	23b. DATE <u>6/21/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn</u>	23d. LOCATION (City, town, or county) (State) <u>Barry Illinois</u>
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24. FUNERAL DIRECTOR <u>R. E. ...</u>	ADDRESS <u>Barry, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6/20/60</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke by Lillian M. Herman</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

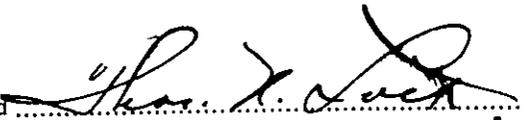
All diseases in Part I must be causally related.

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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, ~~copy~~.....**Thos. N. Lock**....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed .....

Licensed Embalmer No.....6982.....

P. O. Address.....Barry....Ill.....

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.