

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023856

FILED VS 598

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 6 STATE FILE NUMBER

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

3. NAME OF DECEASED (Type or print) First Middle Last <b>Robert Ray Myers</b>			4. DATE OF DEATH Month Day Year <b>June 27 1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-2-1947</b>	9. AGE (last birthday) <b>12</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Iberia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>

13a. FATHER'S NAME <b>James Ray Myers</b>		13b. MOTHER'S MAIDEN NAME <b>Imogene Slawson</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>4821 Address Woodward Imogene Wood Marion, Kansas</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cephalgia Due to Crushing of Chest</b> DUE TO (b) <b>Tractor accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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"/> N- <input type="checkbox"/> Unknown

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.) <b>Tractor overturned pinning Body Down</b>
20c. TIME OF INJURY <b>4:00 p.m.</b>	Month, Day, Year <b>6-27-60</b>	

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Home FARM</b>	20f. CITY, TOWN, OR LOCATION <b>ULMAN,</b>	COUNTY <b>Miller</b>	STATE <b>Mo.</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>M. E. Humphreys D.O.</b> (Degree title)		22b. ADDRESS <b>Tusculum, Mo.</b>		22c. DATE SIGNED <b>6-28-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-29-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hickory Point Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Iberia (rural) Missouri</b>	
24. FUNERAL DIRECTOR <b>Humphreys Funeral Home</b> ADDRESS <b>Iberia, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>June 28 - 1960</b>	26. REGISTRAR'S SIGNATURE <b>Jessie Perkins</b>	

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Stevia, M

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.