8. STATEM SOURT B. COUNTY Ray b. CITY (if cuttide corporate limits, give TOWNSHIP only) C. CITY TOWN Richmond Township 2 days C. FULL NAME OF (if NOT in heapital, give location) C. FULL NAME OF (if NOT in heapital, give location) INSTITUTION RE y County Hospital S. SEX C. COLOR OR RACE Myers Middle Last C. DATE ADDRESS 707 East Olive Month Day OFAIT Sept. 29 COLOR OF RACE Widowed Divorced I.S. DATE OF BIRTH OF BUSINESS OR INDUSTRY III. BIRTH-LACE (City end state or country) Jacob Daniel Myers Jacob Myers	STATE FILE NUMBER 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence by			ALTH STAND	
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TOB. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Hardin, Missouri USA 13a. FATHER'S NAME Jacob Daniel Myers 13b. MOTHER'S MAIDEN NAME Jacob Daniel Myers Anna Virginia Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) DUE TO (b) which gave rise to above cause (b), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease conditions given in PART I (d) PART III. If deceased was fine to the disease conditions given in PART I (d) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease conditions given in PART I (d) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item PREFORMED? 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item PREFORMED? 20c. TIME OF How Month, Day, Year	ried 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER				5. SEX
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Q INJUKT a.m.				1	YES NO
20d. INJURY OCCURRED. WHILE AT WORK 100				. —	20c. TIME OF Hou
	ome, 20f. CITY, TOWN OR LOCATION COUNTY STA		OF INJURY (e.g.,	ZED 20e. PLACE farm.	20c. TIME OF Hou injury o.m p.m 20d. Injury occur while AT WOR
To fay my Ruchmore 4-3	ome, 20f. CITY, TOWN OR LOCATION COUNTY STA	t bldg., etc.)	- 60 10:50	DED 20e. PLACE farm, work	20c. TIME OF Hot INJURY A.m p.m 20d. INJURY OCCUR WHILE AT WOR NOT WHILE AT
23a. BURIA, CHANATON 23b. DATE 23c. MAME OF LEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or county) Burial 10-2-1960 Cravens Cemetery Ray County, Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	ome, 20f. CITY, TOWN OR LOCATION COUNTY STA	bldg., etc.)	- 60 10:50	20e. PLACE farm,	20c. TIME OF Hou a.m p.m 20d. INJURY OCCUM WHILE AT WOR NOT WHILE AT 21. 1 attended the d Death occurred 22e. SIGNATURE
Thomas J. Carter, Richmond, Mo. 9-3U-1960 Molul Jacks	ome, 20f. CITY, TOWN OR-LOCATION COUNTY STA	bldg., etc.) , to D_m on the	10:50	COE PLACE farm, WORK (Deceased from 9-10-23b. DATE 10-2-1960	20c. TIME OF Hot INJURY A.M P. T. 20d. INJURY OCCUR WHILE AT WOR NOT WHILE AT 21. I attended the department of the coursed at the coursed at the course of
Thomas J. Carter, Richmond, Mo. 9-30-1960 Malul Jackson	ome, 20f. CITY, TOWN OR LOCATION COUNTY STA	p m on the	10:50 rea of title) 23c. AME C Crave	WORK DECENSE TO THE PLACE FORM, DATE DO NOT THE PLACE FORM, DATE DO NOT THE PLACE FORM, DATE DECENSE TO THE PLACE FORM, DATE DECENSE FO	20c. TIME OF Hot INJURY A.M P. IT 20d. INJURY OCCUR WHILE AT WOR NOT WHILE AT 21. I attended the department of the coursed 22e. SIGNATURE 2a. BURIAL CREMATOR REMOVAL (Specify) Urial 4. FUNERAL DIRECTOR

STATEMENT BY LICENSED EMBALMER

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

I hereb	y certify that the body whose na	me is record			f this certificate was embalmed by , Student Embalmer No
	my personal supervision.		5 <i>U</i>	0	ns & Carter
Student	Signature of Student Embalmer		Signed,	O FR	
Marie Marie Committee					ensed Embalmer No. 14474 O. Address Richmond, Mo

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.