

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046856

FILED VS JAN 6 1961

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 36

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY MILLER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MILLER						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FRANKLIN		Length of stay in 1b 40 YRS		c. CITY OR TOWN ELDON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5mi-S-W-ELDON			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5mi-S-W-ELDON			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JAMES- Middle Edward Last MYER				4. DATE OF DEATH Month Dec- Day 9 Year 1960						
5. SEX MALE		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH July-18-82		9. AGE (last birthday) 72		
IF UNDER 1 YEAR Months		IF UNDER 24 HR Days		IF UNDER 1 YEAR Hours		IF UNDER 24 HR Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-FARMER			10b. KIND OF BUSINESS OR INDUSTRY Gen-FARMER			11. BIRTHPLACE (City and state or country) Pleasant-Hill, Mo		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME NATHAN MYER			13b. MOTHER'S MAIDEN NAME SARAH RITTLE			14. NAME OF HUSBAND OR WIFE NOON SOUSLEY				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE			16. SOCIAL SECURITY NO. 499-42-4923		17. INFORMANT Jack Myer - Eldon, Mo.				Address	
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 INFARCTION CORONARY THROMBOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY THROMBOSIS DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								INTERVAL BETWEEN ONSET AND DEATH INSTANT		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. _____		Month, Day, Year								
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		COUNTY		STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) D. S. Humphrey D. O. Crowe				22b. ADDRESS Tuscumbia Mo				22c. DATE SIGNED 10-04-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-Dec-1960		23c. NAME OF CEMETERY OR CREMATORY DOOLEY		23d. LOCATION (City, town, or county) MILLER-Co		STATE Mo		
24. FUNERAL DIRECTOR Keith M. Kays				ADDRESS ELDON-MO		25. DATE RECD. BY LOCAL REG. Dec. 12, 1960		26. REGISTRAR'S SIGNATURE Alverna W. Dalt		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 16 1987

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 Keith M. Fays
Licensed Embalmer No. 3998

P. O. Address Eldon, Mo

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