MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 10 1961

-61-001874
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 11

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin — Length of stay in 1b: 45 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Johns Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2701 E. 14th Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FRANK Middle MILLER Last MYERS

4. DATE OF DEATH: Month January Day 6, Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-5-1874
9. AGE (last birthday): 86 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pres. Joplin Cement Co.
10b. KIND OF BUSINESS OR INDUSTRY: Retail Building Supplies
11. BIRTHPLACE (City and state or country): Carthage, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William B. Myers
13b. MOTHER'S MAIDEN NAME: Emma Dustin
14. NAME OF HUSBAND OR WIFE: Nell Mix Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Larry Myers, Address: 118 N. Moffet, Joplin, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1-6-61, to 1-6-61 and last saw her/him alive on 1-6-61
Death occurred at 3:55 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B Schoeberl MD
22b. ADDRESS: Joplin Mo
22c. DATE SIGNED: 1-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 1-7-1961
23c. NAME OF CEMETERY OR CREMATORY: D. W. Newcomers Sons,
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Thornhill-Dillon Mortuary, Joplin, Mo.
25. DATE RECD. BY LOCAL REG.: Jan. 7 1961
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1961

NOV 5 1962

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

Student_____
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

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.