SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022077
STATE FILE NUMBER

AMENDED

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 65

FILED JUN 21 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville
Length of stay-in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION P.C.Mem.Hosp
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cape Girardeau
c. CITY OR TOWN Friedhiem
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Kristi Middle Marie Last Myers
4. DATE OF DEATH Month June Day 2 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-1-61
9. AGE (last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Perryville Mo
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Henry Myers
13b. MOTHER'S MAIDEN NAME Wilma Balsman
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Henry Myers Address Friedheim Mo

INSTEAD OF

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) Multiple Congenital Anomalies (Hydrocephalus & Spina bifida)
INTERVAL BETWEEN ONSET AND DEATH 36 hrs
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 6-1-61 to 6-2-61 and last saw her/him alive on 6-2-61
Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title)
22b. ADDRESS Perryville, Mo.
22c. DATE SIGNED 6-2-61

SHOULD READ

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-3-1961
23c. NAME OF CEMETERY OR CREMATORY St. Maurus Catholic Cem.
23d. LOCATION (City, town, or county) Biehle (State) Missouri

24. FUNERAL DIRECTOR Young & Sons ADDRESS Perryville Mo
25. DATE RECD. BY LOCAL REG. 6-3-61
26. REGISTRAR'S SIGNATURE Jos J Zoellner

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

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. Not Embalmed.

Student_____ Signed Wallace Young

Signature of Student Embalmer

Licensed Embalmer No. 4027

P. O. Address Perryville

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.