

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-024249

XC-1988 760 A3822

43

Primary Registration District No.

3007

Registrar's No.

215

STATE FILE NUMBER

AMENDED

FILED JUL 31 1961

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Salem	
Length of stay in 1b 1 day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Administration		d. STREET ADDRESS (If outside, give location) Box 19	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Edward Middle Charles Last Myers			4. DATE OF DEATH Month 7 Day 11 Year 61			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/7/94	9. AGE (last birthday) 67	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) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and state or country) Cadet, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Myers		13b. MOTHER'S MAIDEN NAME Minnie Greely		14. NAME OF HUSBAND OR WIFE Ida Myers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO.		17. INFORMANT Address VA Hospital Records, Poplar Bluff, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Bronchogenic carcinoma				1 year	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

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. Attended the deceased from **7-10-61** to **7-11-61**
Death occurred at **8:25** A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert S. Cohen ROBERT S. COHEN, M.D., Chief, Med Svc	22b. ADDRESS V A Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 7-12-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-15-61	23c. NAME OF CEMETERY OR CREMATORY Stonehill Cem	23d. LOCATION (City, town, or county) (State) Dent County Mo
24. FUNERAL DIRECTOR ADDRESS Spencer Funeral Home Inc		25. DATE RECD. BY LOCAL REG. 7/27/61	26. REGISTRAR'S SIGNATURE Helma Graham

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JUL 31 1961

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

Edgar W. Taylor

Licensed Embalmer No. 3394

P. O. Address Leplan Bluff

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.