

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=61-039997

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 347

AMENDED

FILED DEC 4 1961

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 9 years	c. CITY OR TOWN Knox Co.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community nursing home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Roger Middle Myers Last Myers		4. DATE OF DEATH Month November Day 25 Year 1961	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec 9 1883
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months 11 Days 16 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during rest of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hancock Co. Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Finley Sherwood Myers	
13b. MOTHER'S MAIDEN NAME Emma Baker		14. NAME OF HUSBAND OR WIFE Leona Belle Myers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Harold Myers Knox City Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia et Debilitation weeks		DUE TO (b) Cerebral Encephalomalacia from Cerebral thrombosis weeks	
DUE TO (c) Cerebral Arteriosclerosis years		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchopneumonia	
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. I attended the deceased from July 17, 1961 to November 25, 1961 and last saw him alive on November 5, 1961 Death occurred at 12:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) George H. Scheerer, D.O.		22b. ADDRESS Kirksville	22c. DATE SIGNED 11-27-61
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Nov 27 61	23c. NAME OF CEMETERY OR CREMATORY Knox City Cemetery	23d. LOCATION (City, town, or county) (State) Knox City Mo.
24. FUNERAL DIRECTOR A. J. Lager Knox City Mo		25. DATE RECD. BY LOCAL REG. 11-30-1961	26. REGISTRAR'S SIGNATURE Doris W. Pattiff

(Licensed Embelmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

GEORGE H. SCHEURER, DO

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,

of by myself, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed George H. Scheurer Jr.

Licensed Embalmer No. 4328

P. O. Address Labelle, 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.