

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020100

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 227

FILED JUN 5 1962

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Texas b. COUNTY Bell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in lb 3 hrs	c. CITY OR TOWN Temple Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 814 W. Garfield Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Donald Middle Ray Last Myers			4. DATE OF DEATH Month May Day 21 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr 23, 1943	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant		10b. KIND OF BUSINESS OR INDUSTRY Service Station		11. BIRTHPLACE (City and state or country) Hamilton, Texas		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Cecil Myers			13b. MOTHER'S MAIDEN NAME Velma Carroll			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO			16. SOCIAL SECURITY NO.		17. INFORMANT Myers Address Temple, Texas 2 Velma Carrol 814 W. Garfield		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Respiratory Failure		2 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Crushed chest & pulmonary hemorrhage	2 hours
	DUE TO (c) Automobile accident	2 hours
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 checked="" 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.) Thrown from car when it overturned
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20c. TIME OF INJURY Hour 5:30 a.m. / p.m. Month, Day, Year 5-21-62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway 67	20e. CITY, TOWN, OR LOCATION Leadington	COUNTY St. Francois City, Mo	STATE
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21. I attended the deceased from **6:40 am** to **7:30 AM** and last saw him/her alive on **5-21-62**
Death occurred at **7:30 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. H. Steiner MD	22b. ADDRESS Farmington Mo	22c. DATE SIGNED 5/25/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 22, 1962	23c. NAME OF CEMETERY OR CREMATORY Bellwood Memorial	23d. LOCATION (City, town, or county) Temple, Texas
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24. FUNERAL DIRECTOR Hewett Funeral Home, Temple,	ADDRESS Texas	25. DATE RECD. BY LOCAL REG. May 23, 1962	26. REGISTRAR'S SIGNATURE E. B. Redloff
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
 0941
 28420
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 4 0
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 7 1
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 13 1-0
 AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ
 USE BLACK INK OR TYPEWRITER RIBBON

JUN 6 1962

JUN 13 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

Burke T. Boyer Jr

Licensed Embalmer No. 5117

P. O. Address

Bonne Terre, 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.