

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023850

STATE FILE NUMBER

Registration District No. 985 Primary Registration District No. 3099 Registrar's No. 114

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 18 1962

1. PLACE OF DEATH
 a. COUNTY Linn
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marceline Length of stay in 1b 6 yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 108 E. Ritchie Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Linn
 c. CITY OR TOWN Marceline Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 108 E. Ritchie Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Issac Middle Myers Last Myers 4. DATE OF DEATH Month June Day 8 Year 1962

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/5/1880 9. AGE (last birthday) 82 IF UNDER 1 YEAR Months 5 Days 5 IF UNDER 24 HR Hours 5 Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Mine (coal) 11. BIRTHPLACE (City and state or country) Browning, Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Lou (dec)

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. no 17. INFORMANT Address Mrs Ethel Lambert Pattonsburg, 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) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 2 min.
 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 N. 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 _____ to _____ and last saw her/him alive on _____. Death occurred at Cempux 2P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George Jones (Degree or title) 22b. ADDRESS Marceline Mo 22c. DATE SIGNED 6-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify) B 23b. DATE 6/10/1962 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet 23d. LOCATION (City, town, or county) (State) Marceline, Mo.

24. FUNERAL DIRECTOR James McLaughlin ADDRESS Marceline Mo 25. DATE RECD. BY LOCAL REG. 6-9-1962 26. REGISTRAR'S SIGNATURE Anna Watson

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUN 18 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 Gerald J. Wade

Licensed Embalmer No. 4172

P. O. Address Brown

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.