

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041844

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 472 Primary Registration District No. 3008 Registrar's No. 309

FILED DEC 4 1962

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
10147				
20370-				
3				
4 0				
5 1				
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7 0				
8 0				
94500B				
10				
11				
1293-2				
13 1-0				
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF		

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Length of stay in 1b <u>1Mo 4 Days</u>	c. CITY OR TOWN <u>Bland</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>E</u> Last <u>Myers</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>29</u> Year <u>1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-7-1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unk</u>	9. AGE (last birthday) <u>79</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. FATHER'S NAME <u>Henry Myers</u>		11b. MOTHER'S MAIDEN NAME <u>Sallie Agee</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u>		12b. SOCIAL SECURITY NO. <u>unk</u>	
13a. FATHER'S NAME <u>Henry Myers</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Agee</u>	
14a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u>		14b. SOCIAL SECURITY NO. <u>unk</u>	
15. FATHER'S NAME <u>Henry Myers</u>		15b. MOTHER'S MAIDEN NAME <u>Sallie Agee</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u>		16b. SOCIAL SECURITY NO. <u>unk</u>	
17. FATHER'S NAME <u>Henry Myers</u>		17b. MOTHER'S MAIDEN NAME <u>Sallie Agee</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac decompensation</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		18b. SOCIAL SECURITY NO. <u>unk</u>	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u>		19b. SOCIAL SECURITY NO. <u>unk</u>	
20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
21. X attended the deceased from _____ to _____ Death occurred at <u>12:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		21b. SOCIAL SECURITY NO. <u>unk</u>	
22a. SIGNATURE <u>Colman C. Owen D.O.</u>		22b. ADDRESS <u>Fulton, Missouri</u>	
22c. DATE SIGNED <u>11-29-62</u>		22d. SOCIAL SECURITY NO. <u>unk</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 1, 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>High Gate Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>High Gate Mo</u>	
24. FUNERAL DIRECTOR <u>Browning Funeral Home, Fulton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 29-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		26b. SOCIAL SECURITY NO. <u>unk</u>	

FEB 5 1963

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 Leon Dale Tocettmann

Licensed Embalmer No. 5202

P. O. Address Fullton

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.