

FILED FEB 11 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

69-001442

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 36

9. 0
 10a. 71
 10b. 02
 11. 1
 12. 1
 13. 4339
 14. 9
 15. 9
 16. 6.0720
 17. 2
 18. 2
 19. CREDITS
 20. 1-0

| | | | | | | | |
|--|--|--|-------------------------|---|--|--|---|
| DECEASED—NAME | | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH (MONTH, DAY, YEAR) | |
| 1. <u>Fred J. Myers</u> | | | | | 2. <u>Male</u> | 3. <u>February 1, 1969</u> | |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | | AGE—LAST BIRTHDAY (YEARS) | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH (MONTH, DAY, YEAR) | | COUNTY OF DEATH |
| 4. <u>White</u> | | 5a. <u>71</u> | 5b. <u>71</u> | 5c. <u>71</u> | 6. <u>July 6, 1898</u> | | 7a. <u>Henry</u> |
| CITY, TOWN, OR LOCATION OF DEATH | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | | |
| 10b. <u>Clinton</u> | | 7c. <u>yes</u> | | 7d. <u>Wetzel Osteopathic Hospital</u> | | | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | | CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | |
| 8. <u>Iowa</u> | | 9. <u>U.S.A.</u> | | 10. <u>MARRIED</u> | | 11. <u>Goldie Myers</u> | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | KIND OF BUSINESS OR INDUSTRY | | | |
| 12. <u>486-20-7130A</u> | | 13a. <u>Retired Detective</u> | | 13b. <u>Detective Agency</u> | | | |
| RESIDENCE—STATE | | COUNTY | CITY, TOWN, OR LOCATION | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | | STREET AND NUMBER |
| 14a. <u>Missouri</u> | | 14b. <u>Henry</u> | 14c. <u>Deepwater</u> | | 14d. <u>No</u> | | 14e. <u>None</u> |
| FATHER—NAME | | | | FIRST | MIDDLE | LAST | |
| 15. <u>UNKNOWN</u> | | | | 16. <u>UNKNOWN</u> | | | |
| INFORMANT—NAME | | | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | |
| 17a. <u>Goldie H. Myers</u> | | | | 17b. <u>Deepwater, Missouri</u> | | | |
| PART I | | DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| 18. IMMEDIATE CAUSE | | (a) <u>medullary meningitis</u> | | | | <u>month</u> | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST | | (b) <u>central vs. thrombotic</u> | | | | <u>0 hr.</u> | |
| | | (c) <u>central vs. arteriosclerosis</u> | | | | <u>year</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | | 19a. AUTOPSY (YES OR NO) | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH | | |
| 20. <u>None</u> | | | | 19b. <u>None</u> | | 19c. <u>None</u> | |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | | DATE OF INJURY (MONTH, DAY, YEAR) | | HOUR | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) | | |
| 20a. <u>None</u> | | 20b. <u>None</u> | | 20c. <u>M.</u> | 20d. <u>None</u> | | |
| INJURY AT WORK (SPECIFY YES OR NO) | | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | | | |
| 20e. <u>None</u> | | 20f. <u>None</u> | | 20g. <u>None</u> | | | |
| CERTIFICATION—PHYSICIAN: | | MONTH | DAY | YEAR | MONTH | DAY | YEAR |
| I ATTENDED THE DECEASED FROM | | <u>2/2/68</u> | | TO | <u>2-1-69</u> | | |
| 21a. <u>James C. Clouse</u> | | 21b. <u>2-1-69</u> | | 21c. <u>2-1-69</u> | I DID/DID NOT VIEW THE BODY AFTER DEATH. | | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | | HOUR OF DEATH | | THE DECEDENT WAS PRONOUNCED DEAD | | YEAR | |
| 22a. <u>James C. Clouse</u> | | 22b. <u>2:05 P.M.</u> | | 22c. <u>2/2/69</u> | | 22d. <u>Mo.</u> | |
| CERTIFIER—NAME (TYPE OR PRINT) | | SIGNATURE | | DEGREE OR TITLE | | DATE SIGNED (MONTH, DAY, YEAR) | |
| 23a. <u>James C. Clouse</u> | | 23b. <u>James C. Clouse</u> | | 23c. <u>Dr.</u> | | 23d. <u>2/2/69</u> | |
| MAILING ADDRESS—CERTIFIER | | STREET OR R.F.D. NO. | | CITY OR TOWN | | STATE | |
| 23a. <u>105 E. Ohio</u> | | 23b. <u>Clinton</u> | | 23c. <u>Mo.</u> | | 23d. <u>64735</u> | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY OR CREMATORY—NAME | | LOCATION | | CITY OR TOWN | |
| 24a. <u>Burial</u> | | 24b. <u>Crown Hill</u> | | 24c. <u>Excelsior Springs Missouri</u> | | 24d. <u>Clinton, Missouri</u> | |
| DATE (MONTH, DAY, YEAR) | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | FUNERAL DIRECTOR—SIGNATURE | | | |
| 24a. <u>February 5, 1969</u> | | 24b. <u>R.E. Nichols Chapels</u> | | 24c. <u>BOX 428</u> | | 24d. <u>Clinton, Missouri</u> | |
| FUNERAL DIRECTOR—SIGNATURE | | REGISTRAR—SIGNATURE | | DATE RECEIVED BY LOCAL REGISTRAR | | | |
| 25a. <u>R.E. Nichols</u> | | 25b. <u>Mildred Begum</u> | | 25c. <u>2-4-69</u> | | | |

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 R. E. Nichols

Licensed Embalmer No. 4999
P. O. Address Chantor, Md.

Noté: 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.

Permit obtained 2-11-69
MB