

FILED JUN 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 16285

BIRTH NO. REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5368 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Salem twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural Salem twp	
c. LENGTH OF STAY (In this place) 40 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION home			

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) Everett W. Myers			4. DATE OF DEATH (Month) (Day) (Year) 3 30 1950		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED... WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 17 - 1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 9	IF UNDER 1 YEAR Days 19	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Eliga Myers	13b. MOTHER'S MAIDEN NAME Rene Myers	14. NAME OF HUSBAND OR WIFE Grace Myers
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15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI # 2	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs Grace Myers	ADDRESS Coffey Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 15 days 6 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			593X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1st 1950 to March 1, 1950, that I last saw the deceased alive on March 1, 1950 and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. G. Nolan M.D.	(Date or title)	23b. ADDRESS Coffey Mo	23c. DATE SIGNED May 2, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 1 - 1950	24c. NAME OF CEMETERY OR CREMATORY Coffey	24d. LOCATION (City, town, or county) (State) Coffey Mo
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DATE REC'D BY LOCAL REG. 31 May 1950	REGISTRAR'S SIGNATURE Virginia M. Englehart	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ed Brommer Pattonsburg, Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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
Student Embalmer

Signed *E. Brown* _____

Licensed Embalmer No. 2857 _____

P. O. Address. Pattonsburg, 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 this body is not embalmed, fact should be so stated above.