

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26358**

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Carroll 0171</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Carrollton</u> LENGTH OF STAY (in this place) <u>3</u>		c. CITY OR TOWN <u>Carrollton 0171</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 So. Virginia St.</u>		d. STREET ADDRESS (If rural, give location) <u>Rupe Hotel 0</u>	
3. NAME OF DECEASED (Type or Print) <u>GEORGE ALBERT MYER</u> a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH <u>Aug. 21, 1951</u> (Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Divorced</u>	8. DATE OF BIRTH <u>Jan. 17, 1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>	11. BIRTHPLACE (State or foreign country) <u>Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frederick Myer</u>	
13b. MOTHER'S MAIDEN NAME <u>Maud Cochran</u>		14. NAME OF HUSBAND OR WIFE _____	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or type of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-12-2675</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Hynson</u>	ADDRESS <u>Carrollton, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Apoplexy</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carrollton Carroll Mo.</u>
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? <u>334X</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Aug 21, 1951, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray Dickerson Coroner</u>	23b. ADDRESS <u>Carrollton Mo</u>	23c. DATE SIGNED <u>8/21/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max Hershey</u> ADDRESS <u>Carrollton Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/22/51</u>	REGISTRAR'S SIGNATURE <u>Max Hershey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u> ADDRESS <u>Carrollton Mo</u>

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



MAR 24 1952

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.....

Ben W. Gibson

Licensed Embalmer No. *2961*

P. O. Address.....

Carrollton, Md.

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.