

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-027668**

FILED VS AUG 11 1960

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 11

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Miller</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Glaze</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lake Ozark</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Miller</u> c. CITY OR TOWN <u>Lake Ozark</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Rural Route</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Hadley</u> Middle <u>Norris</u> Last <u>Meyers</u>				<b>4. DATE OF DEATH</b> Month <u>Aug</u> Day <u>3</u> Year <u>1960</u>								
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>5-11-09</u>		<b>9. AGE</b> (last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>22</u> Hours <u></u> Min. <u></u>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Manufacturing</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Concrete Blocks</u>			<b>11. BIRTHPLACE</b> (City and state or country) <u>Hugo Mo.</u>			<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>			
<b>13a. FATHER'S NAME</b> <u>James U. Meyers</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Maude Williams</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>Etta F. Meyers</u>				
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W. War 2</u>				<b>16. SOCIAL SECURITY NO.</b> <u>505-24-5318</u>		<b>17. INFORMANT</b> Address <u>Mrs Etta F. Meyers, Lake Ozark, Mo.</u>						
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Atherosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH <u>Immediate years</u>		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/>		<b>SUICIDE</b> <input type="checkbox"/>		<b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour <u></u> s.m. <u></u> p.m. <u></u>		<b>Month, Day, Year</b>										
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)			<b>20f. CITY, TOWN, OR LOCATION</b>			<b>COUNTY</b>		<b>STATE</b>	
<b>21. I attended the deceased from</b> <u>at death</u> , to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.												
<b>22a. SIGNATURE</b> (Degree or title) <u>Kenneth E. Williams D.O.</u>						<b>22b. ADDRESS</b> <u>Camden, Mo</u>				<b>22c. DATE SIGNED</b> <u>8/4/60</u>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>			<b>23b. DATE</b> <u>8/5/60</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Hugo Cemetery</u>			<b>23d. LOCATION</b> (City, town, or county) (State) <u>Camden County, Mo.</u>				
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Reed Funeral Home, Camden, Mo.</u>					<b>25. DATE RECD. BY LOCAL REG.</b> <u>Aug. 4 - 1960</u>			<b>26. REGISTRAR'S SIGNATURE</b> <u>Jessie Perkins</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 11 1960

AUG 19 1960

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert W Reed

Licensed Embalmer No. 37457

P. O. Address Camden, N.J.

\*Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.