

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-032664

FILED VS SEP 14 1960

318

1003

8736

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8736**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.			Length of stay in 1b		c. CITY OR TOWN Broken Bow
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First John Middle R Last Myers			4. DATE OF DEATH Month Sept. Day 5 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/29/1918	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Broken Bow, Nebraska	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Edwin F. Myers		13b. MOTHER'S MAIDEN NAME Christie Julie Haumont		14. NAME OF HUSBAND OR WIFE Nil.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes W.W.#2		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Broken Bow, Neb. Christie Julie Myers, Broken Bow, Neb.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 491x					INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ s.m. _____ p.m.	Month, Day, Year _____				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 8-23-60 to 9-5-60 and last saw her/him alive on 9-5-60 Death occurred at 220 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE David L. Beards M.D. (Degree or title)			22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 9/5/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-5-60	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) state) Broken Bow, Nebraska.	
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd. ADDRESS		25. DATE RECD. BY LOCAL REG. SEP 6 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 20 1960

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 Harry E. Moore

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.