SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021890
STATE FILE NUMBER

AMENDED

Registration District No. 206 Primary Registration District No. 2042 Registrar's No. 36

FILED JUN 28 1961

1. PLACE OF DEATH
a. COUNTY MADISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN — Length of stay in 1b: 44 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 712 SOUTH MARSHALL — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MADISON
c. CITY OR TOWN FREDERICKTOWN — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 712 SOUTH MARSHALL — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First JOHN Middle THOMAS Last MYERS
4. DATE OF DEATH: Month JUNE Day 20 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-17-1874
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months 5 Days 3 Hours Min.
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT — RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): GRAVELTON, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: ANDREW L. MYERS
13b. MOTHER'S MAIDEN NAME: HANNAH HANES
14. NAME OF HUSBAND OR WIFE: JANNIE E. MYERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JANNIE E. MYERS Address: FREDERICKTOWN, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Haemorrhage of — INTERVAL BETWEEN ONSET AND DEATH: 18 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Clot of Brain
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 2 '61 to June 20 '61 and last saw him alive on June 20 1961
Death occurred at Home at 12.50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J C Slaughter (Degree or title) M.D.
22b. ADDRESS 195 West Main Fredericktown
22c. DATE SIGNED 6-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6-22-61
23c. NAME OF CEMETERY ~~OR CREMATORY~~: MARCUS MEMORIAL PARK
23d. LOCATION (City, town, or county) (State): MADISON COUNTY MISSOURI
24. FUNERAL DIRECTOR ADDRESS: SAM NAJIM, JR., FREDERICKTOWN, MO.
25. DATE RECD. BY LOCAL REG.: 6-23-1961
26. REGISTRAR'S SIGNATURE: Lawrence Hicks

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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 Sam Sajin, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericton, N

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.