

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 301

STATE FILE NUMBER

FILED AUG 8 1961

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Texas</b> ; b. COUNTY <b>Dallas</b>																
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre Mo</b>		Length of stay in 1b <b>2 Months</b>		c. CITY OR TOWN <b>Dallas</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>207 W School St</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>Irl</b> Last <b>Myers</b>				4. DATE OF DEATH Month <b>July</b> Day <b>31</b> Year <b>1961</b>																
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9-10-1897</b>		9. AGE (last birthday) <b>63</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Belgrade Mo</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>											
13a. FATHER'S NAME <b>James Myers</b>				13b. MOTHER'S MAIDEN NAME <b>Unknown</b>				14. NAME OF HUSBAND OR WIFE <b>Peggy Myers</b>												
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>				17. INFORMANT Address <b>Mrs. Eva Myers Robison Dallas Texas</b>																
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cancer Lung</b> DUE TO (b) <b>Not Known</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH										
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <b>222</b>															
20c. TIME OF INJURY Hour a.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 <b>July 9-1961</b> to <b>July 31-1961</b> and last saw her/him alive on <b>July 31-1961</b> Death occurred at <b>4215 PO</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													22a. SIGNATURE <b>[Signature]</b> (Degree or title)		22b. ADDRESS <b>Bonne Terre Mo.</b>		22c. DATE SIGNED <b>8/1/61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 2, 1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sunlight Cemetery</b>			23d. LOCATION (City, town, or county) <b>Belgrade Mo</b>					(State)								
24. FUNERAL DIRECTOR <b>C.Z. Boyer &amp; Son Bonne Terre Mo</b>				ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Aug 1, 1961</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>												

AMENDED  
DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

AUG 9 1961

**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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Deerloger

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.