

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000908

STATE FILE NUMBER

Registration District No. 86 Primary Registration District No. 4149 Registrar's No. 5-1963

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 28 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH
a. COUNTY Crowford
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cuba Length of stay in 1b lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Crowford
c. CITY OR TOWN Cuba Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 301 Oakhill Rd. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Robert Middle Clark Last Myers
4. DATE OF DEATH Month JAN. Day 9 Year 1963
5. SEX male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH may 11 1895 67 9. AGE (last birthday) Months 7 Days 23 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Custodian 10b. KIND OF BUSINESS OR INDUSTRY Club Rendezvous 11. BIRTHPLACE (City and state or country) Cuba Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Alexander Myers 13b. MOTHER'S MAIDEN NAME Lillie Worling 14. NAME OF ~~husband~~ WIFE Deceased Fannie F. McIntosh Myers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of Yes WW II) 16. SOCIAL SECURITY NO. 5 17. INFORMANT MRS ANNE KING - Cuba, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary atherosclerosis 5 yrs.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Degenerative heart disease & myocardial damage
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 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 Cuba Mo. COUNTY STATE MO.

21. I attended the deceased from Nov 1961 to Jan 9, 1963 and last saw ^{her} him alive on 1-9-63
Death occurred at 9:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank A. Elders, M.D. 22b. ADDRESS Cuba Mo. 22c. DATE SIGNED 1-10-63 (State) MO.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE JAN-12-1963 23c. NAME OF CEMETERY OR CREMATORIUM FLEMING 23d. LOCATION (City, town, or county) Cuba (State) MO.

24. FUNERAL DIRECTOR HOENER FUNERAL HOME ADDRESS Cuba Mo. 25. DATE RECD. BY LOCAL REG. 1-12-1963 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

JAN 30 1963

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

Norman A. Deener

Licensed Embalmer No. 4673

P. O. Address Cuba Mo.

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.