

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-018002

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4229**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 23 1963

1. PLACE OF DEATH
a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis** Length of stay in 1b **3 days**

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Louis Childrens** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Montgomery**

c. CITY OR TOWN **Montgomery City** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **Rt. 1, Box 23** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **James Franklin Myers**

4. DATE OF DEATH Month Day Year **4 15 63**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **9-19-53** 9. AGE (last birthday) **9 1/2 yrs.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** 10b. KIND OF BUSINESS OR INDUSTRY **None**

11. BIRTHPLACE (City and state or country) **Mexico, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Billie Wayne Myers** 13b. MOTHER'S MAIDEN NAME **Helen Miller** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates) **None** 17. INFORMANT **Shirley Redmond** Address **St. Louis, Mo. 500 S. Kingshighway**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I: DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Respiratory Failure**
DUE TO (b) **Acute Cerebral Edema**
DUE TO (c) **Acute Leukemia 204.3**
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Azotemia 2° to Renal Leukemic Infiltrates**
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 **4-12-63** to **4-15-63** and last saw her/him alive on **4-15-63**. Death occurred at **9:23 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Edward T. Baiker M.D.** 22b. ADDRESS **500 S. Kingshighway** 22c. DATE SIGNED **4/15/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **4-17-63** 23c. NAME OF CEMETERY OR CREMATORY **Montgomery City Cem.** 23d. LOCATION (City, town, or county) (State) **Montgomery City, Mo.**

24. FUNERAL DIRECTOR **Schlanker Funeral Home, Montgomery City, Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **APR 16 1963** 26. REGISTRAR'S SIGNATURE **Donald Smith. N.D.**

USE BLACK INK OR TYPEWRITER RIBBON

APR 24 1963

MAY 6 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 James Dinkley

Licensed Embalmer No. 3653

P. O. Address St Louis

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.

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