

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028066

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 139 Primary Registration District No. 4223 Registrar's No. 54

STATE FILE NUMBER

FILED AUG 6 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0440

2 0440

3 2

4 0

5 1

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7 0

8 2

9 4200

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY HOLT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MAITLAND		Length of stay in 1b 64 yrs	c. CITY OR TOWN MAITLAND
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) RUSSELL WYMAN MYERS			4. DATE OF DEATH JULY 23, 1963
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2. 2. 1899
10a. USUAL OCCUPATION (Give kind of work done during past 12 months, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED	11. BIRTHPLACE (City and state or country) MAITLAND, MO.
13a. FATHER'S NAME EMANUEL MYERS		13b. MOTHER'S MAIDEN NAME SUSIE NOGGLE	14. NAME OF HUSBAND OR WIFE MARY MYERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, NO or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT MARY MYERS, MAITLAND, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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
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.)	
20c. TIME OF INJURY Hour a.m. p.m.	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 7-23-63 to 7-23-63 and last saw ^{her} him alive on 7-23-63 Death occurred at 9 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE DB Perry MD		22b. ADDRESS Mound City Mo	22c. DATE SIGNED 7-25-63
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7.27.1963	23c. NAME OF CEMETERY OR CREMATORY Miatland Cemetery	23d. LOCATION (City, town, or county) (State) Maitland, Mo.
24. FUNERAL DIRECTOR Atchison, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 7-29-1963	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE BLACK INK OR TYPEWRITER RIBBON

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

George M. Robinson

Licensed Embalmer No. 5114

P. O. Address Marquette, Mich

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.

2011-10-17