

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-834899

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 346 Primary Registration District No. 6244 Registrar's No. 64

FILED AUG 20 1963

VS 300 Rev. 4/59	DATE AMENDED				
1 <u>1100</u>					
2 <u>1100</u>					
3 <u>2</u>					
4 <u>0</u>					
5 <u>2</u>					
6					
7 <u>1</u>					
8 <u>2</u>					
<u>9420.1</u>					
10					
11					
12 <u>90-0</u>					
13 <u>1-0</u>					
	INSTEAD OF				
	SHOULD READ				
	BY AFFIDAVIT OF				

1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union</u>		Length of stay in 1b <u>25 YRS.</u>	c. CITY OR TOWN <u>CADET, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CADET, Mo., RT #1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>CADET, Mo., RT #1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>MYERS</u> Last <u>MYERS</u>			4. DATE OF DEATH Month <u>AUG.</u> Day <u>9</u> Year <u>1963</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/17/77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MONSANTO CHEM.</u>	11. BIRTHPLACE (City and state or country) <u>KANSAS</u>
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>MR. GUS MYERS</u>	
14. NAME OF HUSBAND OR WIFE <u>EDITH (STANLEY) MYERS</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
18. CAUSE OF DEATH (Enter only one cause per item 18a, 18b, and 18c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis, with myocardial infarction.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis of coronary arteries.</u> ? 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 <u>25 min.</u>
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. 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 <u>Aug 9, 1963</u> to <u>Aug 9, '63</u> and last saw him alive on <u>Aug 9, 1963</u> Death occurred at <u>9:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Thomas G. Donald M.D.</u>		22b. ADDRESS <u>Desoto, Mo.</u>	22c. DATE SIGNED <u>8-10-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8/12/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>
24. FUNERAL DIRECTOR <u>D. R. DIETRICH, DE SOTO, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8/10/63</u>	26. REGISTRAR'S SIGNATURE <u>Thomas G. Donald</u>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

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 Donald B. Dietz

Licensed Embalmer No. 4104

P. O. Address Delato 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.