

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037150

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 118

FILED SEP 19 1963

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED				
1 <u>0822</u>	INSTEAD OF				
2 <u>0822</u>	DOCUMENT				
3 <u>2</u>	BY AFFIDAVIT OF				
4 <u>1</u>	MEDICAL CERTIFICATION				
5 <u>2</u>	SHOULD READ				
6 <u>Homemaker</u>	ITEM NO.				
7 <u>0</u>					
8 <u>2</u>					
9 <u>420.1</u>					
10					
11					
12 <u>90-0</u>					
13 <u>2-0</u>					

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) Louisiana		c. CITY OR TOWN Louisiana	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Residence		d. STREET ADDRESS (If outside, give location) 408 N. 4th St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Evelyn B. Myers			4. DATE OF DEATH Sept. 7, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-28-98
9. AGE (last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	
11. BIRTHPLACE (City and state or country) Pike Co., Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Douglas Burns, Sr.		13b. MOTHER'S MAIDEN NAME Etta Lee Blackwell	
14. NAME OF HUSBAND OR WIFE Roy W. Myers		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mr. H.R. Burns, Louisiana, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery occlusion Hypertensive cardio vascular disease with auricular fibrillation and cardiac enlargement also Previous Coronary artery occlusion			INTERVAL BETWEEN ONSET AND DEATH sudden 6 mths. previous
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 Clarksville, Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 3/23/63 to 9/7/63 and last saw ^{her} him alive on 9/6/63 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Chas H. Swellen</i> (Degree or title) M.D.		22b. ADDRESS 122 S.3rd, Louisiana, Mo.	
22c. DATE SIGNED 9/9/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 9-9-63		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
23d. LOCATION (City, town, or county) Clarksville, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Geo. M. Collier, Louisiana, Mo.		25. DATE RECD. BY LOCAL REG. 9-9-63	
26. REGISTRAR'S SIGNATURE <i>Bernice Collier</i>			

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. M. Callier

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.