MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 63-037308

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 394

FILED OCT 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0945
2	0940
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY St. Francois.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington, MO. — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Arts Bld. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St Francois
c. CITY OR TOWN Elvins, Missouri. — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Mill St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Herbert Middle: Clement Last: Myers.

4. DATE OF DEATH Month, Day, Year: Sept 24, 1963.

5. SEX: Male.

6. COLOR OR RACE: White.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: June 18, 1900

9. AGE (last birthday): 63 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Work

10b. KIND OF BUSINESS OR INDUSTRY: Hotel Work.

11. BIRTHPLACE (City and state or country): Merdock, Nebraska.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Clement Myers.

13b. MOTHER'S MAIDEN NAME: Myrtle Larned.

14. NAME OF HUSBAND OR WIFE: Ruth Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Ruth Myers Elvins, Mo. — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Embolus — 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) Pancreatitis + Abscess of Pancreas

DUE TO (c) Automobile Accident 8-20-63

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. ☐ 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 8-20-63 to 9-24-63 and last saw him alive on 9-24-63

Death occurred at 5:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. E. Carleton (Degree or title) MD

22b. ADDRESS Farmington Mo

22c. DATE SIGNED 9-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-28-63

23c. NAME OF CEMETERY OR CREMATORY: Catholic Cemetery.

23d. LOCATION (City, town, or county) (State): Flat River, Mo.

24. FUNERAL DIRECTOR ADDRESS: Caldwell & Sons Flat River, Mo.

25. DATE REC'D BY LOCAL REG.: Sept. 27, 1963

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

OCT 29 1963

NOV 19 1963

NOV 26 1963

OCT 11 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 Donald Dale Coldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, 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.