

FILED JAN 20 1970
CERTIFICATE OF DEATH

70 0003348

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 10

DO NOT WRITE ON THIS STUB

9. 0

10a. 88

10b. 5

11. 0

12. 1

13. 4123

14.

15. 4

16.

17.

18. 2

19. CREDITS

20. 1-0

VS 300
Rev. 1/70

40945

5. 03

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED; IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0941

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST 1. William A. Meyers			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. Jan. 12, 1970	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White		AGE—LAST BIRTHDAY (YEARS) MO. DAY 5a. 88 9 28	UNDER 1 YEAR MO. DAY 5b. 9 28	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. March 14, 1881
CITY, TOWN, OR LOCATION OF DEATH 7a. Farmington			INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Community Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Maude Revelle		SOCIAL SECURITY NUMBER 12. 489-18-7778			
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Retired Miner		KIND OF BUSINESS OR INDUSTRY 13b.			
RESIDENCE—STATE COUNTY 14a. Missouri 14b. St. Francois		CITY, TOWN, OR LOCATION 14c. Bonne Terre		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes	STREET AND NUMBER 14e. 217 W. Johnson
FATHER—NAME FIRST MIDDLE LAST 15. Alfred Meyers			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Belle Revelle		
INFORMANT—NAME 17a. Everett Meyers			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Bonne Terre, Mo R.F.D.# 2		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					
18. IMMEDIATE CAUSE					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) Acute Congestive Heart Failure					8-12 hr
(b) Acute Encephalitis from blood loss					2-3 days
(c) A.S.H.D.					unknown
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (O) STATING THE UNDERLYING CAUSE LAST					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (O)					
General debility on legs					
AUTOPSY (YES OR NO) 19a. NO		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.		
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 11-25-70 TO 1-12-70	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c. 1-12-70	I DID/DID-NOT-VIEW THE BODY AFTER DEATH. 21d.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 9:20 P.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.					
CERTIFIER—NAME (TYPE OR PRINT) 23a. Jas A. Armantrout DO			SIGNATURE 23b. James A. Armantrout		DEGREE OR TITLE 23c. 1-15-70
MAILING ADDRESS—CERTIFIER 23d. 506 North St. Farmington, Mo					
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Marvin Chapel Ceme.		LOCATION CITY OR TOWN STATE 24c. Bonne Terre, Mo R.F.D.# 2		
DATE (MONTH, DAY, YEAR) 24d. Jan. 15, 1970	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Murphy L. Sparks F. Home, Inc. Flat River, Mo 63601				
FUNERAL DIRECTOR—SIGNATURE 25a. Murphy Sparks	REGISTRAR—SIGNATURE 25b. Esther Mathews		DATE RECEIVED BY LOCAL REGISTRAR 25c. Jan. 15, 1970		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 Murphy Gault
Licensed Embalmer No. 4256

P. O. Address Fort Rivie, 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.