

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36442

FILED DEC 8 1955

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union Twp.</u>	c. LENGTH OF STAY (in this place) <u>20 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union Twp.</u>	d. STREET ADDRESS (If rural, give location) <u>Route 2</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Campbell, Mo. Rt. 2</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	

3. NAME OF DECEASED (Type or Print) <u>ROBERT</u>	a. (First)	b. (Middle) <u>L.</u>	c. (Last) <u>MYERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 14, 1892</u>	9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR: Months <u>4</u> Days <u>9</u> IF UNDER 12 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Campbell Missouri</u>
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Jack Myers</u>	13b. MOTHER'S MAIDEN NAME <u>Liza Rice</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Myers</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W W I</u>	16. SOCIAL SECURITY NO. <u>564-10-6855</u>	17. INFORMANT'S SIGNATURE OR NAME <u>RFD #2, Bertha Myers Campbell, Missouri</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardiac asthma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>4342</u>	INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5-54, to 11-8-55, 1955, that I last saw the deceased alive on 11-8-55, 1955, and that death occurred at 3:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bernard L. Franklin</u>	23b. ADDRESS <u>Campbell, Missouri</u>	23c. DATE SIGNED <u>11-28-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 28 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elder Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Campbell, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-29-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Rachel Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Landess Funeral Home Campbell, Mo.</u>

RECEIVED DUNKLIN COUNTY HI
DEPARTMENT 12-5-5
COUNTY FILE NUMBER 125

DEC 19 1957
DEC 19 1957

JAN 21 1959

SEP 5 1957

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
Student Embalmer

Signed Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell

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 this body is not embalmed, fact should be so stated above.