

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

Registration District No. 316 Primary Registration District No. 6071 Registrar's No. 65

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Sterling Alonzo Meyers		Male		October 29, 1971						
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. white		49		Mo. DAYS		HOURS MIN.		Jan 4, 1922		70. St. Francois
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						
70. Bonne Terre		71. no		72. Route # 2						
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				
8. Missouri		9. USA		10. widowed		11.				
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY						
12.		13b. farmer		13b. self						
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER		
14. Missouri		14b. St. Francois		14c. Bonne Terre		14d. no		14e. Route # 2		
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME		
15. Alonzo Meyers		16. Maudie Revelle								
INFORMANT—NAME		MAILING ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
17b. Mrs. Thomas Bequette		17b. Rt # 3, Farmington, Mo.								
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE										
(a) Gun Shot Wound Right Temple										DOA
DUE TO, OR AS A CONSEQUENCE OF:										
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (b), STATING THE UNDERLYING CAUSE LAST		(b)								
DUE TO, OR AS A CONSEQUENCE OF:										
(c)										
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)								IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19. NO		19b. NO								19c.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a. Suicide		20b. 10-29-71		20c. 1:30 PM		20d. Self-inflicted with 22 Cal Pistol				
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS				
20e. NO		20f. FARM		20g. R# 2 Bonne Terre, Mo		20h. ☐ YES ☐ NO ☐ UNK.				
CERTIFICATION—PHYSICIAN:		MONTH		DAY		YEAR		AND LAST SAW HIM/HER ALIVE ON		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM		21b.		21c.		21d.		21e.		21f.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		MONTH		DAY		YEAR
22a. About 1:30 PM		22b. 10-29-71		22c. 5:15 PM		22d.		22e.		22f.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)				
23a. Ted Boyer		23b. Ted Boyer		23c. M.D.		23d. 10-31-71				
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP		
23a. 313 Bernham		23b. Bonne Terre		23c. Mo		23d. 63628				
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE		
24a. Burial		24b. Marvin Chapel		24c. Bonne Terre, Mo.		24d.				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)								
24a. Oct 31, 1971		24b. C.Z. Boyer & Son, Inc. Bonne Terre, Mo. 63628								
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR						
25a. B.T. Boyer		25b. M.L. Day		25c. 11-3-71						

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

PARENTS

CAUSE

CERTIFIER

BURIAL

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

6 by affidavit of funeral director 11-10-71

NOV 10 1971

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

B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address

Desloge, 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.