

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED MAR 3 1949

BIRTH NO. 48-55003 REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 4173 Registrar's No. 9

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u> <u>34</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava</u> /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava</u> <u>1</u>	
c. LENGTH OF STAY (in this place) <u>5mo</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>Caroline Jeanette Myers</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>2-4-49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>9-4-48</u>	9. AGE (In years last birthday) <u>5</u> <u>0</u>	IF UNDER 1 YEAR <u>5</u> <u>0</u>	IF UNDER 24 HRS. <u>0</u> <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harvey Myers</u>	13b. MOTHER'S MAIDEN NAME <u>Dortha Woods</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H. A. Myers</u> ADDRESS <u>Ava, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Enteritis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>490X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-3, 1949, to 2-4, 1949, that I last saw the deceased alive on 2-4, 1949, and that death occurred at 10:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. C. Harkins D.O.</u>	23b. ADDRESS <u>Ava Mo.</u>	23c. DATE SIGNED <u>2-5-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ava</u>	24d. LOCATION (City, town, or county) (State) <u>Ava Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 12-49</u>	REGISTRAR'S SIGNATURE <u>Ustul Bushman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>84</u> ADDRESS <u>Clinkingbeard Funeral Home, Ava, Mo.</u>
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RECEIVED

District Health Officer No. 8,

District File Number 249-172

Date Filed 2-28-49

Family request not to have body embalmed

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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 Chester A. Roof

Licensed Embalmer No. 3054

P. O. Address Greenville, 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 this body is not embalmed, fact should be so stated above.