

FILED JUL 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23850

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2004 Registrar's No. 311

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Galena</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.# 2, East of Blackjack crossing</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Johns Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>		b. (Middle) <u>Lester</u>	
		c. (Last) <u>Myers</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 1949</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>Oct. 6, 1905</u>
9. AGE (In years last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Road Work</u>	
11. BIRTHPLACE (State or foreign country) <u>Galena, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Highway Construction</u>			
13a. FATHER'S NAME <u>Leslie Myers</u>		13b. MOTHER'S MAIDEN NAME <u>Ina Boyes</u>	
		14. NAME OF HUSBAND OR WIFE <u>Mary Mishler Myers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ina Myers</u>		ADDRESS <u>Galena, Kan</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia, bronchial 3 days</u> DUE TO (c) <u>Septic sore throat</u> <u>Secondary</u> <u>cause undetermined</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m.		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 <u>July 3, 1949</u> , to <u>July 11, 1949</u> , that I last saw the deceased alive on <u>July 11, 1949</u> , and that death occurred at <u>4:15 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul H. Grubb M.D.</u>		23b. ADDRESS <u>Galena, Kansas</u>	
		23c. DATE SIGNED <u>7-12-49</u>	
24a. BIRTHAL CREMA-TION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-11-49</u>	
24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Galena Kansas</u>	
DATE REC'D BY LOCAL REG. <u>7-13-49</u>		REGISTRAR'S SIGNATURE <u>Ed. D. Jensen</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Dargatz</u> ADDRESS <u>Galena Kans</u>	

RECEIVED 7-27-49

Jasper County Health Office

County File Number 49-7-573

Date Filed 7-28-49

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.

Signed Howard E. Gibson

Signed Student Embalmer

Kansas Licensed Embalmer No. 2310

P. O. Address Galena, Kansas

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.