S. No. 300
v. 10.48

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29126

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4544 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: Webster
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Niangua
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schlicht Hospital 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 11 0 0
d. STREET ADDRESS (If rural, give location): Washington township 0

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Joseph - Anderson - Myers

4. DATE OF DEATH (Month) (Day) (Year): June - 27 - '49

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Feb. 24 - 1865
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months x, Days x — IF UNDER 24 HRS.: Hours x, Min. x

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Webster County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Christopher Myers
13b. MOTHER'S MAIDEN NAME: Angeline White
14. NAME OF HUSBAND OR WIFE: Rebecca Jane Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Rebecca Jane Myers - Conway Mo RFD

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

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	MYOCARDIAL INSUFFICIENCY, ACUTE	3 DAYS
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	MYOCARDITIS, CHRONIC,	? YRS.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		47.22

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: NONE.
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 JUNE, 1949, *to* 27 JUNE, 1949, *that I last saw the deceased alive on* 27 JUNE, 1949, *and that death occurred at* 10:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. E. Schlicht, M.D. 0
23b. ADDRESS: Niangua, Mo.
23c. DATE SIGNED: JULY 21 '49.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-29-'49
24c. NAME OF CEMETERY OR CREMATORY: St. Luke
24d. LOCATION (City, town, or county) (State): Webster County, Mo.

DATE REC'D BY LOCAL REG.: 7/25/49
REGISTRAR'S SIGNATURE: J. F. Francis 1 342
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Rex Rainey - Marshfield Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 15 1949
District Health Department
District File Number 849-932
Date Filed 8-18-49

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 _____
Student Embalmer

Signed Ray L. Rainey
Licensed Embalmer No. 3312
P. O. Address Marshfield, Mo

A00:01

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.