

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25885

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>6294</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural- Green Township</u>		c. LENGTH OF STAY (in this place) <u>8 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural- Green Township</u>		<u>1130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parnell, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Parnell, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Polly</u>		b. (Middle) <u>Smith</u>		c. (Last) <u>Myers</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>9 13 1862</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Terre Haute, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elijah Smith</u>		13b. MOTHER'S MAIDEN NAME <u>May Chapman</u>		14. NAME OF HUSBAND OR WIFE <u>Allen Myers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bessie Barnes Parnell, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Fracture & Dislocation humerus & Reduction under anesthesia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio-sclerotic Cardiovascular Disease 15 yrs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19a. DATE OF OPERATION <u>July 14 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>patient fell at home</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wilton Twp. Montg. Mo.</u>		21d. HOW DID INJURY OCCUR? <u>patient fell at home</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 14 1950</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		22. I hereby certify that I attended the deceased from <u>1946</u> , to <u>20 July 1950</u> , that I last saw the deceased alive on <u>20 July 1950</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank B. Harrison</u>		U (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Grant City, Mo.</u>		23c. DATE SIGNED <u>7/24/50</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7 23 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kent Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Denver, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 22 1950</u>		REGISTRAR'S SIGNATURE <u>Arthur E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Druffel</u>		ADDRESS <u>Grant City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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.....

Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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