

FILED SEP 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2668864

BIRTH NO. 49837-50 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor and Green Ridge		d. STREET ADDRESS (If rural, give location) 0431			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Community Hospital									
3. NAME OF DECEASED (Type or Print) a. (First) Joseph			b. (Middle) Myers		c. (Last) Myers		4. DATE OF DEATH (Month) (Day) (Year) August 29 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH August 29 1950		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Windsor, Missouri			12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME William Myers			13b. MOTHER'S MAIDEN NAME Margaret Cavanaugh			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME William Myers, Green Ridge, Mo.			ADDRESS		
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) Premature Birth (6 mos)				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				776 Y	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 Aug 27, 1950, to Aug 29, 1950, that I last saw the deceased alive on Aug 29, 1950, and that death occurred at 3 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Raymond Jordan M.D.				23b. ADDRESS Windsor, Mo.		23c. DATE SIGNED 9-1-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-30-50		24c. NAME OF CEMETERY OR CREMATORY St. Patrick's		24d. LOCATION (City, town, or county) (State) Morgan County, Missouri			
DATE REC'D BY LOCAL REG. Sept 9-1950		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE 422 Heston-Turner		ADDRESS Windsor, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

RECEIVED 9-11
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 9-11-54

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. *not embalmed*

working under my personal supervision.

Student
Student Embalmer

Signed *William M. Turner*

Licensed Embalmer No. *4648*

P. O. Address *Windsor, Md*

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.