

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 27280  
Registrar's No. 381

BIRTH NO. _____		REG. DIST. NO. 186		PRIMARY REG. DIST. NO. 2001		Registrar's No. 381			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper,					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 50 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		0495			
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital				d. STREET ADDRESS (If rural, give location) 34th and Jackson Avenue					
3. NAME OF DECEASED (Type or Print) Arthur		a. (First)		b. (Middle) C.		c. (Last) MYERS			
4. DATE OF DEATH August 25, 1950		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH March 13, 1882		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 5 Days 12		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common Laborer		11. BIRTHPLACE (State or foreign country) Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lizzie Myers					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lizzie Myers 34th and Jackson Joplin, Mo.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>  ANTECEDENT CAUSES Morbid 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.  491X						INTERVAL BETWEEN ONSET AND DEATH 1 WK.	
19a. DATE OF OPERATION		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 8:20 1950, to 8:25, 1950, that I last saw the deceased alive on 8/25, 1950, and that death occurred at 1:05A. m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. L. Crawford M.D.</u> (Degree or title)				23b. ADDRESS <u>Joplin, Mo.</u>		23c. DATE SIGNED <u>8/25/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE August 28, 1950		24c. NAME OF CEMETERY OR CREMATORY Parkway Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri			
DATE REC'D BY LOCAL REG. 8-31-50		REGISTRAR'S SIGNATURE <u>Ed S. [Signature]</u> 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill-Dillon Mort. Joplin, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

C. [Signature]

RECEIVED 9-9-50  
Jasper County Health Office

County File Number 50-8-653

Date Filed 9-9-50

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 William E. Hueston

Licensed Embalmer No. 4330

P. O. Address Joplin, 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.