

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 221

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

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>3/4 mi South Syracuse Mo</u>	
c. LENGTH OF STAY (In this place) <u>17 days</u>		d. STREET ADDRESS (If rural, give location) <u>-</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUBREY</u>		b. (Middle) <u>A - MYERS</u>	
c. (Last) <u>MYERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept - 17 - 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>8-25-1885</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>	11. BIRTHPLACE (State or foreign country) <u>MORGAN-COUNTY-MO</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ADAM MYERS</u>		13b. MOTHER'S MAIDEN NAME <u>PARTHINA HAMBV</u>	
14. NAME OF HUSBAND OR WIFE <u>-</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 <u>Mrs. Ernest Moore Syracuse Mo</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.		ADDRESS <u>220</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>E. Acute peritonitis</u>			
DUE TO (c) <u>-</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>9/9/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of transverse colon & invasion of duodenum</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<u>153X</u>	
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)	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>9/11, 1950</u> , to <u>9/17, 1950</u> , that I last saw the deceased alive on <u>9/17, 1950</u> , and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Ernest D. Sugarbaker M.D.</u>		23b. ADDRESS <u>Jefferson City Mo</u>	
23c. DATE SIGNED <u>9/17/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9-17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Carmel Cem</u>	24d. LOCATION (City, town, or county) (State) <u>6 mi South Syracuse Mo</u>
DATE REC'D BY LOCAL REG. <u>Sept 18 1950</u>	REGISTRAR'S SIGNATURE <u>R. C. Harris MD</u>	2. FUNERAL DIRECTOR'S SIGNATURE <u>MR. Daniel E. Richards</u>	
		ADDRESS <u>Richards Testol 220</u>	

RECEIVED 9-19-50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

9-19-50

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

working under my personal supervision.

Signed.....
Student Embalmer

Embalmer No.....

J. Lee E. Richards
Licensed Embalmer No. 2466

P. O. Address *Lypton, 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.