S. No. 300
v. 10.48

0972

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

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39495

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 226

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbon Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cambridge 0421
d. STREET ADDRESS (If rural, give location): 1½ Drill East Slater Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Asa
b. (Middle): William
c. (Last): Myers

4. DATE OF DEATH (Month) (Day) (Year): Nov 14-50

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March-10-1862-88-8-4
9. AGE (In years last birthday): 88 | 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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Sterling Kentucky
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: C M Myers
13b. MOTHER'S MAIDEN NAME: Eva Petit
14. NAME OF HUSBAND OR WIFE: Lilie M Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Clay Smith, ADDRESS: Vandalia 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure due to — INTERVAL BETWEEN ONSET AND DEATH: 8 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic myocarditis and — 8 years
DUE TO (c) Malnutrition — "

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic nephritis, Generalized arteriosclerosis — "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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): 4221
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* July 1, 1949 *to* Nov 14, 1950, *that I last saw the deceased alive on* Nov. 12, 1950, *and that death occurred at* 10 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: C. L. McDurney (Degree or title) M.D.
23b. ADDRESS: Slater Mo
23c. DATE SIGNED: 11/16/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov-16-50
24c. NAME OF CEMETERY OR CREMATORY: Slater City Cemetery
24d. LOCATION (City, town, or county) (State): Slater Mo

DATE REC'D BY LOCAL REG.: Nov-16-1950
REGISTRAR'S SIGNATURE: Rindney T Gray 985
25. FUNERAL DIRECTOR'S SIGNATURE: Jones & Salzer
ADDRESS: Slater Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-20-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 11-20-50

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 James E [illegible]

Licensed Embalmer No. 3143

P. O. Address Slater, 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.