

STANDARD CERTIFICATE OF DEATH

Dr. Turner
State File No. 40388

BIRTHPLACE **FILED DEC 27 1950** REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 2017

1. USUAL PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>338 N. Warren</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>S.</u> c. (Last) <u>Myers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16; 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>Nov. 21, 1884</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Spfld, Cream. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Davis Co. Ind. /</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bill Turner</u> ADDRESS <u>Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>was years</u> <u>4 1/2 X</u>
	ANTECEDENT CAUSES <u>with aortic stenosis and</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>insufficiency and mitral stenosis; congestive</u>		
	DUE TO (c) <u>heart failure.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) _____ 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 2/11/48, 1948, to 12/16/50, 1950, that I last saw the deceased alive on 12/16/50, 1950, and that death occurred at 2:50 pm from the causes and on the date stated above.

23a. SIGNATURE <u>Glenn O. Turner, M.D.</u> (Degree or title)	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>12/16/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/19/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-19-50</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. Lohmeyer</u> ADDRESS <u>Springfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Student Embalmer No.....

Signed.....

Bene Lohmeyer

Signed.....
Student Embalmer

Licensed Embalmer No.....

4734

P. O. Address.....

Spils, Me

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.