

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2208

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 3056 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Sumner</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>12 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Halt</u>		OR TOWN <u>04-00</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M. Cormick Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>JANNA</u> c. (Last) <u>MYERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 7 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug-18-1868</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Month <u>4</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Sumner County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alex Clevenger</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Bond</u>	14. NAME OF HUSBAND OR WIFE <u>William A. Myers</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)		16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Sam May, Moberly, Mo.</u> 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis</u>				<u>years</u>
	DUE TO (c) <u>Senility</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4222</u>
19a. DATE OF OPERATION <u>Dec 27, 1950</u>		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) _____		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>12-26-50, 19</u> , to <u>1-7-51, 19</u> , that I last saw the deceased alive on <u>1-7-51, 19</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. H. McCormick D. O.</u>			23b. ADDRESS <u>300 1/2 Red St. Moberly, Mo.</u>		23c. DATE SIGNED <u>1-8-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 9-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sumner</u>	24d. LOCATION (City, town, or county) (State) <u>Sumner, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-9-51</u>	REGISTRAR'S SIGNATURE <u>Leah Cleburne Jones</u>		FEDERAL DIRECTOR'S SIGNATURE <u>John General</u>	ADDRESS <u>Moberly, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JAN 15 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-51-69  
Date Filed: JAN 20 1951

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 *P. M. Carter* .....

Licensed Embalmer No. *4117* .....

P. O. Address *Woburn 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.