

FILED MAR 17 1951 STANDARD CERTIFICATE OF DEATH

State File No. 8698  
769

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>45 YEARS</b>		31048	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>AMBASSADOR HOTEL</b>		d. STREET ADDRESS (If rural, give location) <b>1125 WEST-41ST STREET</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LEWIS</b>	b. (Middle) <b>ARNOTTE</b>	c. (Last) <b>MYERS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEBRUARY 17 1951</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEB-28-1875</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 10 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE DETECTIVE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AMBASSADOR HOTEL</b>	11. BIRTHPLACE (State or foreign country) <b>MOBERLY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>PORTER D. MYERS</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. MYRTLE MYERS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>488-32-9778</b>	17. INFORMANT'S SIGNATURE OR NAME <b>WILLIAM J. MYERS</b>	ADDRESS <b>1125 WEST-41ST ST. KANSAS CITY, MO.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 Minutes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b>		<b>2 Years +</b>
	DUE TO (c) <b>Diabetes Mellitus</b>		<b>42.00</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>18 months +</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **4/22, 1949**, to **2/15, 1951**, that I last saw the deceased alive on **2/15, 1951**, and that death occurred at **11:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R.R. Becker</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>4000 Baltimore Kansas City, Mo</b>	23c. DATE SIGNED <b>2/17/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL (1)</b>	24b. DATE <b>FEB. 19, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>2-19-51</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Newcomer's Sons</b> ADDRESS <b>1337 BRUSH CREEK KANSAS CITY, MO.</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Edward M. Storey*

Licensed Embalmer No. 4452

P. O. Address K.C., 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.