

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27643**

FILED SEP 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **265**

1. PLACE OF DEATH a. COUNTY <b>Marion.</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>Ralls.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Oakwood, Missouri.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Center, Missouri.</b>	
c. LENGTH OF STAY (in this place) <b>OMO.</b>		d. STREET ADDRESS (If rural, give location) <b>Center, Missouri.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Long Rest Home.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Eve</b>	b. (Middle) <b>Anna</b>	c. (Last) <b>Myers</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 9, 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed.</b>	8. DATE OF BIRTH <b>Feb. 9, 1863</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>0</b>	IF UNDER 1 HR. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>XXXX Pike Co, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Tipton</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine D. Stockton</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Howard Myers</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William H. Couch</b>	ADDRESS <b>Center, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>Age</b>		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>4201</b> YES <input type="checkbox"/> NO <input 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) (Minute)	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 **Aug. 1, 1951**, to **Aug. 9, 1951**; that I last saw the deceased alive on **Aug 3, 1951**; and that death occurred at **10:00** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	23b. ADDRESS <b>Hannibal, Missouri.</b>	23c. DATE SIGNED <b>8-10-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-12-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Olivet Cemetery.</b>	24d. LOCATION (City, town, or county) (State) <b>Center, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>8-21-51</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Center, Missouri.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED AUG 28 1951  
MARION CO. HEALTH DEPT.  
DATE FILED AUG 31 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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.