

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30594

State File No.

FILED SEP 28 1951

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 180

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give town) Carthage
c. LENGTH OF STAY (In this place) 12 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY (If outside corporate limits, write RURAL and give town) Carthage
d. STREET ADDRESS 414 E. 2nd. St.

3. NAME OF DECEASED
a. (First) Lela b. (Middle) Gertrude c. (Last) Myers

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 17, 1951

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH 1-26-1895

9. AGE (In years last birthday) 56 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Roomstress

10b. KIND OF BUSINESS OR INDUSTRY
Smith MFG.

11. BIRTHPLACE (State or foreign country)
Texas

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Henry Patton

13b. MOTHER'S MAIDEN NAME
Mata Stapp

14. NAME OF HUSBAND OR WIFE
William Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
498-28-5150

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
William H. Myers K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Cervix with Generalized Metastasis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) 171X
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH
1 3/4 yrs.

19a. DATE OF OPERATION
Jan 9 51

19b. MAJOR FINDINGS OF OPERATION
operation Ellis Fischel Cancer Hosp. Intestinal obstruction due to Cancer

20. AUTOPSY?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE (Specify)
none

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)
none

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 Nov. 17, 1950, to Sept 17, 1951, that I last saw the deceased alive on Sept 17, 1951, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
George H. Wood M.D.

23b. ADDRESS
Carthage Mo

23c. DATE SIGNED
Sept 20 51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
9-20-51

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)
Pennsboro Missouri

DATE REC'D BY LOCAL REG.
9-21-51

REGISTRAR'S SIGNATURE
L.B. Clinton, MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Wilmer Funeral Home Carthage, MO.

Wood
493
0
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-27-51

Jasper County Health Office

1951 2 100

County File Number 51/9/758

Date Filed 9-27-51

2961 1701

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 _____

Licensed Embalmer No. 4731

P. O. Address Carthage, 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.