5. No. 300
. 10.48

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

19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31265

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 292

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Knob Lick
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Knob Lick 0945
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Eunice
b. (Middle) Edna
c. (Last) Myers

4. DATE OF DEATH (Month) Sept. (Day) 6, (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 2, 1899
9. AGE (In years last birthday) 52 — IF UNDER 1 YEAR: Months 7 Days 4 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Paragould, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Tom Watson
13b. MOTHER'S MAIDEN NAME Sally Edwards
14. NAME OF HUSBAND OR WIFE William Edgar Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Edgar Myers **ADDRESS** Knob Lick, Missouri

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) Carcinoma of liver with — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Metastasis to stomach & duodenum
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 155X

19a. DATE OF OPERATION 2/5/1
19b. MAJOR FINDINGS OF OPERATION Carcinoma of liver with metastasis to stomach & duodenum
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 24, 1951, *to* Sept 6, 1951, *that I last saw the deceased alive on* Sept 1, 1951, *and that death occurred at* 6:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE L. M. Stanfield (Degree or title) M.D.
23b. ADDRESS Farmington, Mo.
23c. DATE SIGNED 9/7/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 9, 1951
24c. NAME OF CEMETERY OR CREMATORY Knob Lick Cemetery
24d. LOCATION (City, town, or county) Knob Lick, Missouri (State)

DATE REC'D BY LOCAL REG. Sept. 8, 1951
REGISTRAR'S SIGNATURE Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE C. A. Cozean **ADDRESS** Farmington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 17 1951
DISTRICT HEALTH OFFICE No.
File No.

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 C A Cozzens

Licensed Embalmer No. 4084

P. O. Address Farmington 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.