

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37475**
4430

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

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| 1. PLACE OF DEATH a. COUNTY Jackson Co | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City) | c. LENGTH OF STAY (in this place) 4 1/2 days | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 2778 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital | | d. STREET ADDRESS (If rural, give location) 4935 S Benton 2110 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Lowell c. (Last) Myers | | | 4. DATE OF DEATH (Month) (Day) (Year) 10-14-51 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH Nov 9, 1885 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - 27 YRS - AMER R.R. EXPRESS Messenger | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad Express Messenger | 11. BIRTHPLACE (State or foreign country) Hitchinson, Kansas | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |

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| 13a. FATHER'S NAME Eli Myers | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE Grace Myers | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lowell Myers Standing, MO | | | |
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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. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercular Pneumonia | | | | INTERVAL BETWEEN ONSET AND DEATH 4 1/2 Mo. |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (b) Cerebral Hemorrhage | DUE TO (c) Syphilitic (Meningo-vascular) | one week | Unknown | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | 490XB |

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| 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) |
| 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? |

22. I hereby certify that I attended the deceased from 9-26, 1951, to 10-14, 1951, that I last saw the deceased alive on 10-14, 1951, and that death occurred at 11:43 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE John G. Henry (Degree or title) D.O. | 23b. ADDRESS 926 E 11th - K.C. MO | 23c. DATE SIGNED 10-14-51 |
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| 24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE Oct-17-1951 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City Missouri |
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| DATE REC'D BY LOCAL REG. 10-17-51 | REGISTRAR'S SIGNATURE Seraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE D. N. Newcomer ADDRESS 1931 BRUSH CREEK KANSAS CITY, MO. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Raymond T. H. Hensman
Licensed Embalmer No. 4266
P. O. Address Kansas City, 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.

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