

FILED FEB 18 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3854

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 9000 Registrar's No. 49

1. PLACE OF DEATH  
a. COUNTY Adair  
b. CITY OR TOWN Kirkville  
c. LENGTH OF STAY (If outside corporate limits, write RURAL and give township) 10 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION Grinn Smith Mem. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Schuyler  
c. CITY OR TOWN Queen City 1953  
d. STREET ADDRESS 1 (If rural, give location)

3. NAME OF DECEASED  
a. (First) Viola b. (Middle) Myers c. (Last) Myers  
4. DATE OF DEATH (Month) (Day) (Year) Feb 10 1952

5. SEX Female 6. COLOR OR RACE wh. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M 8. DATE OF BIRTH Oct. 1 1879 9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 1 YEAR 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) Schuyler Co. Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME DANIEL MOORE 13b. MOTHER'S MAIDEN NAME Luey Smith 14. NAME OF HUSBAND OR WIFE Edward Franklin Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) L 16. SOCIAL SECURITY NO. L 17. INFORMANT'S SIGNATURE OR NAME Miss Ralph Myers ADDRESS Queen City 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) Metastatic carcinoma of head INTERVAL BETWEEN ONSET AND DEATH 2 mo  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Squamous ca of left ear 2 yrs  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10/3/51 19b. MAJOR FINDINGS OF OPERATION Metastatic lymph gland of neck 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 1982

22. I hereby certify that I attended the deceased from 3/12, 1949, to 2-10, 1952, that I last saw the deceased alive on 2-10, 1952, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Grinn E. Grinn, MD (Degree or title) 23b. ADDRESS Kirkville Mo 23c. DATE SIGNED 2/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried 24b. DATE Feb 12 - 52 24c. NAME OF CEMETERY OR CREMATORY Queen City Cemetery 24d. LOCATION (City, town, or county) (State) Queen City Mo

DATE REC'D BY LOCAL REG. 2-12-52 REGISTRAR'S SIGNATURE Kate Lambert 25. FUNERAL DIRECTOR'S SIGNATURE Jack H. Proby ADDRESS Queen City Mo

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

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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 Carl P. Dooly  
\_\_\_\_\_

Licensed Embalmer No. 4689

P. O. Address Queen 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.