

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5384

State File No. ....

FILED FEB 19 1952

BIRTH NO. 31919512 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>INDEPENDENCE</b> )		c. CITY (If outside corporate limits, write RURAL and give township) <b>BLUE TOWNSHIP</b> <u>0480</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>R.R. 2 INDEP.</b> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>INDEP. SANITARIUM &amp; HOSP.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>RUSSELL</b> b. (Middle) <b>DUANE</b> c. (Last) <b>MYERS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 3, 1952</b>
--	--

5. SEX <b>MALE</b> <u>0</u>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>MAY 17, 1951</b>	9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>16</b>	IF UNDER 2 HRS. Hours <b>16</b> Min.
-----------------------------	-------------------------------	---	--------------------------------------	--	--	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b> <u>0</u>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
---	---	--	---

13a. FATHER'S NAME <b>LEO MYERS</b>	13b. MOTHER'S MAIDEN NAME <b>SONYA KARSNES</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
-------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give year or dates of service) <b>NONE</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS BLANCHE BYRUM</b> ADDRESS <b>BUCKNER, MO</b>
---	-------------------------------------	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Laceration Brain</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES (b) <b>Depression Fracture Skull</b>		
	MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <b>DUE TO (c)</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>U.S. #24 HIGHWAY</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>48</b> (COUNTY) <b>Fulton</b> (STATE) <b>MO</b>
21d. TIME OF INJURY <b>FEB. 3, 1952-8:30</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto Accident</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:50 P.M.** on the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Hugh H. Owens Coroner</b>	23b. ADDRESS <b>1034 Qualls Bldg</b>	23c. DATE SIGNED <b>2-4-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/8/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Salem Cemetery</b>
24d. LOCATION (City, town, or county) <b>Jackson Co. Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>OTT &amp; MITCHELL</b> ADDRESS <b>INDEP. MO.</b>	
DATE REC'D BY LOCAL REG. <b>2-9-52</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	

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

#4850

FEB 18 1937

2000 2 18 37

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....3156

P. O. Address.....INDEPENDENCE, 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.