

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **7186**

**MAR 17 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **104**

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

1. PLACE OF DEATH a. COUNTY <b>ADAIR</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>MAEON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKSVILLE</b>		c. LENGTH OF STAY (in this place) <b>4 MONTHS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bevier 0610</b>		d. STREET ADDRESS (If rural, give location) <b>Bevier 1</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>COMMUNITY NURSING HOME #1</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>NELLIE</b> b. (Middle) <b>MAG</b> c. (Last) <b>MYERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 12 1952</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MARCH 26, 1877</b>	9. AGE (In years last birthday) <b>74</b>	10. F UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Hartwell.</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Dr.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. ORAL JONES</b> ADDRESS <b>BEVIER, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>RESPIRATORY FAILURE</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Medullary PARALYSIS</b> DUE TO (c) <b>Cerebral THROMBOSIS</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>NONE</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b> <b>24 hours</b> <b>5 months</b>
19a. DATE OF OPERATION <b>NONE</b>	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>NONE</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NONE</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>NONE</b>			
22. I hereby certify that I attended the deceased from <b>12-11</b> , 19 <b>51</b> , to <b>3-12</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>3-12</b> , 19 <b>52</b> , and that death occurred at <b>6p.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Doctor or title) <b>M. T. Lutenbach M.D.</b>			23b. ADDRESS <b>Kirksville, Mo.</b>		23c. DATE SIGNED <b>3-12-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar. 13, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>West Oakwood</b>	24d. LOCATION (City, town, or county) (State) <b>Bevier, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>3-14-52</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Stephus &amp; Gooding Maeon, Mo.</b>		

**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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon - 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.