

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7301

State File No.

FILED MAR 27 1952

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 30

2071
3

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

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO-</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BUTLER-</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DREXEL 0090</u>	
c. LENGTH OF STAY (In this place) <u>2 day</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HARRISON ST-</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>JOSEPH</u> b. (Middle) <u>RICHARD</u> c. (Last) <u>MYERS</u>		<u>MAR-21-52</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W-</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>FEB-17-1878</u>
9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER.</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>J. N. MYERS</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA JEFFREY</u>	14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. B. HAYS - DREXEL MO.</u>	
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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			<u>INSTANT</u>
ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>acute attack on Street</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Dead on arrival -</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>BUTLER BATES MO-</u>	
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"/>	21. HOW DID INJURY OCCUR <u>4201</u>	
22. I hereby certify that I attended the deceased from <u>street autopsy</u> , 19__ to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at <u>5:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John G. Underwood Coroner</u>		23b. ADDRESS <u>Butler Mo-</u>	23c. DATE SIGNED <u>3-22-52</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-24-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rockville Cem-</u>	24d. LOCATION (City, town, or county) (State) <u>Miami Co - KANSAS</u>
DATE REC'D BY LOCAL REG. <u>March 24 1952</u>	REGISTRAR'S SIGNATURE <u>Andell Perry '30</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. B. HAYS - DREXEL MO-</u>	

JUL 11 1952

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 Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.