

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7310

State File No.

APR 8 1952

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5096 Registrar's No. 37

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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>HENRY</u>	
b. CITY (If inside corporate limits, write BUREAU and give township) LENGTH OF STAY (in this place) <u>Montrose</u> <u>6, Mo</u>		c. CITY (If outside corporate limits, write BUREAU and give township) <u>Montrose Mo 0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LANE PINE Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPHINE</u>	b. (Middle)	c. (Last) <u>MYERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 25, 1952</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 1874</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>78</u> <u>0</u> <u>7</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>HENRY Co Mo 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Melchoir POTERT</u>	13b. MOTHER'S MAIDEN NAME <u>MARY NOVES.</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY MYERS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clem Potert - Clinton</u>	ADDRESS <u>MO.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>several days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>following influenza</u>		
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 <u>480x</u>	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)
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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?
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22. I hereby certify that I attended the deceased from March 23, 1952, to March 24, 1952, that I last saw the deceased alive on Mar. 24, 1952, and that death occurred at 9 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. E. Robinson M.D.</u>	23b. ADDRESS <u>Adrian, Mo.</u>	23c. DATE SIGNED <u>3-25-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/27/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montrose Cath Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Montrose Mo</u>
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DATE REC'D BY LOCAL REG <u>Apr 1-1-52</u>	REGISTRAR'S SIGNATURE <u>Nendall Curry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richman & Deany</u>	ADDRESS <u>Clinton Mo</u>
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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.....

Robert L. Dunning

Licensed Embalmer No. *4770*.....

P. O. Address *Clinton 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.