

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13702**

APR 21 1952

BIRTH NO.

REG. DIST. NO. 251

PRIMARY REG. DIST. NO. 3048

Registrar's No.

96

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give town) Maryville		c. LENGTH OF STAY (in this place) (township) 17 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Maryville		0742	
d. FULL NAME OF HOSPITAL OR INSTITUTION 916 East First				d. STREET ADDRESS (If rural, give location) 916 East First			
3. NAME OF DECEASED (Type or Print)		a. (First) MATILDA		b. (Middle) ELZENIA		c. (Last) MYERS	
4. DATE OF DEATH (Month) (Day) (Year) 4 13 52		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		8. DATE OF BIRTH 5/27/65		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 86	
11. BIRTHPLACE (State or foreign country) Gilman City, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John D. Dowell		13b. MOTHER'S MAIDEN NAME Sarah Ater		14. NAME OF HUSBAND OR WIFE George W. Myers, dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. H. B. Cushman, Maryville, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage 8 mo ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Gen 3 Cerebral DUE TO (c) Senility				INTERVAL BETWEEN ONSET AND DEATH 8 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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?			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>51</u> , to <u>April 13</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4/8</u> , 19 <u>52</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE D. P. Byland				(Degree or title) M. D.		23b. ADDRESS Maryville, Missouri	
23c. DATE SIGNED 4/15/52		24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/15/52		24c. NAME OF CEMETERY OR CREMATORY Miriam	
24d. LOCATION (City, town, or county) (State) Bethany, Missouri		DATE REC'D BY LOCAL REG. 4-19-52		REGISTRAR'S SIGNATURE Beas Holt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

742
1

2

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 John W. Price
Licensed Embalmer No. 4281

P. O. Address Maryville 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.