

FILED AUG 13 1952

STANDARD CERTIFICATE OF DEATH

State File No. 23581

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 11

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

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberal	
c. LENGTH OF STAY (in this place) 34 yrs.		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED a. (First) Minnie		b. (Middle) May		c. (Last) Myers		4. DATE OF DEATH (Month) (Day) (Year) July 19, 1952	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 4, 1884		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Jackson County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME James Russell		13b. MOTHER'S MAIDEN NAME Mary Alice Hall		14. NAME OF HUSBAND OR WIFE Elizah Brooks Myers	
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 Mr. E. B. Myers, Liberal, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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. None		

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) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Liberal Barton Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 5/22, 1952, to 7/20, 1952, that I last saw the deceased alive on 7/27, 1952, and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE A. G. Eddleman M.D.	(Degree or title)	23b. ADDRESS Liberal Mo.	23c. DATE SIGNED 7/22/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 21, 1952	24c. NAME OF CEMETERY OR CREMATORY Liberal Cemetery	24d. LOCATION (City, town, or county) (State) Liberal Missouri
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DATE REC'D BY LOCAL REG. July 30, 1952	REGISTRAR'S SIGNATURE Charlotta McDowell	25. FUNERAL DIRECTOR'S SIGNATURE Clarence H. Child	ADDRESS Lamar Mo
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(Licensed Embalmer's Statement on Reverse Side)

Dr Edelman

AUG 13 1971

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 *Stanley H. Childs*

Licensed Embalmer No. *3473*

P. O. Address *Sumner 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.