

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32180**

FILED SEP 22 1952

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 89

0560
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) LA GRANGE		c. CITY (If outside corporate limits, write RURAL and give township) LA GRANGE	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) XXXXXX XXXXXX	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXX			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES	b. (Middle) HARVEY	c. (Last) MYERS	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 11 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 6, 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Month 5 Day 5	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) LEWIS COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME JAMES A. MYERS	13b. MOTHER'S MAIDEN NAME EMILY MAGEE	14. NAME OF HUSBAND OR WIFE MARY MYERS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service) XXXXXXXX	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME GLENDORA BROY	ADDRESS PEORIA, ILL.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____		
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 4201	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)	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 May 8, 1952, to Sept 5, 1952, that I last saw the deceased alive on Sept. 5, 1952, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE Sam H. Roberts	(Degree or title) D. O.	23b. ADDRESS Canton, Mo.	23c. DATE SIGNED 9-13-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/14/52	24c. NAME OF CEMETERY OR CREMATORY MIDWAY	24d. LOCATION (City, town, or county) (State) MIDWAY, MO.
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DATE REC'D BY LOCAL REG. 9-16-52	REGISTRAR'S SIGNATURE P. H. Jennings	161-M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Charles L. ...	ADDRESS LEWISTOWN, MO.
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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 Charles S. Connolly Sr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.