

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34767

State File No. 34767

FILED NOV 10 1952

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 34767

0411

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

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Bethany		c. CITY (If outside corporate limits, write RURAL and give township) Coffey	
c. LENGTH OF STAY (in this place) 23 Days		d. STREET ADDRESS (If rural, give location) ---	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethany Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) --- c. (Last) Myers		4. DATE OF DEATH (Month) (Day) (Year) Oct. 28 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 26 1861
9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner
11. BIRTHPLACE (City and State or Foreign Country) Vigo County Indiana		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Elijah Myers		13b. MOTHER'S MAIDEN NAME Nancy Woods		14. NAME OF HUSBAND OR WIFE Mollie 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 Fred Myers Coffey, Missouri	
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.		19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage with right hemiplegia		
DUE TO (c) Generalized arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) 331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hours) (Mins.)		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 **10-2-1952** to **10-28-1952**; that I last saw the deceased alive on **10-28-1952**, and that death occurred at **1:55P** m., from the causes and on the date stated above.

23a. SIGNATURE Leonard R. Lee M.D.		23b. ADDRESS Bethany, Mo.		23c. DATE SIGNED 10/30/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-31-1952		24c. NAME OF CEMETERY OR CREMATORY Coffey Cemetery		24d. LOCATION (City, town, or county) (State) Coffey, Missouri	
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DATE REC'D BY LOCAL REG. 11/3/52		REGISTRAR'S SIGNATURE Zola Burrier		25. FUNERAL DIRECTOR'S SIGNATURE L. O. Fickensau		ADDRESS Hope Funeral Home, Gallatin, Mo.	
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Dr. L. R. Lee

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 *L. Richesson* _____

Licensed Embalmer No. *3307* _____

P. O. Address *Ballantine, Pa.* _____

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.