

STANDARD CERTIFICATE OF DEATH

854369

OCT 29 1952

REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 762

492

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (in this place) 25yrs		d. STREET ADDRESS (If rural, give location) 402 West 3rd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 402 West 3rd Street			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) CLAUDE c. (Last) MYERS	4. DATE OF DEATH (Month) (Day) (Year) October 20, 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 August 21, 1895	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 1 Days 29	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Salesman	10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William M. Myers	13b. MOTHER'S MAIDEN NAME Mary Payne	14. NAME OF HUSBAND OR WIFE Helen Hardy Myers
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. WV 1	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen H. Myers	ADDRESS Webb City, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 min.
	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) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis.		Not Known	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/1/1	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 **Oct 19th 1952** to **OCT 19th 1952**, that I last saw the deceased alive on **Oct 19th 1952**, and that death occurred at **2:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. Wells	(Degree or title) Dr.	23b. ADDRESS 924 W. Doughty, W.C.	23c. DATE SIGNED 10/21/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 22, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Missouri
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DATE REC'D BY LOCAL REG. 10/21/52	REGISTRAR'S SIGNATURE Mrs. Madeline Sirtzer	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-27-52
Jasper County Health Office

County File Number 52/10/814

Date Filed 10-27-52

14N 91959

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.