

FILED DEC 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38427

BIRTH NO. _____		REG. DIST. NO. <u>136</u>		PRIMARY REG. DIST. NO. <u>5500</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union twp.</u>		c. LENGTH OF STAY (in this place) <u>17 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union twp.</u>		d. STREET ADDRESS (If rural, give location) <u>8 miles N. of Bethany</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Malcolm</u> b. (Middle) <u>Smedley</u> c. (Last) <u>Myer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-26-1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-3-1902</u>	9. AGE (In years if under 1 year last birthday) <u>50</u> Months <u>10</u> Days <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Diesel Engineer</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Great Lake Pipelin.</u>		11. BIRTHPLACE (State or foreign country) <u>Ponca City, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Henry Myer</u>		13b. MOTHER'S MAIDEN NAME <u>Quacie Smedley</u>		14. NAME OF HUSBAND OR WIFE <u>Sylvia Myer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)		16. SOCIAL SECURITY NO. <u>468-02-3756</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Sandra Myer Bethany Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>					<u>Immediate</u>
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					<u>1 hr prior</u>
		DUE TO (b) <u>Previous Coronary Occlusion</u>					
		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					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Aug 5</u> , 19 <u>51</u> to <u>Nov 26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 26</u> , 19 <u>52</u> and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Marriann Parhart MD</u>			23b. ADDRESS <u>Bethany Mo.</u>			23c. DATE SIGNED <u>11/28/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-29-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Ponca City Oklahoma</u>	
DATE REC'D BY LOCAL REG. <u>12-1-1952</u>		REGISTRAR'S SIGNATURE <u>Florence C. Powell</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W. Haas Bethany, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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7110116
James Powell

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 McLean

Licensed Embalmer No. 3899

P. O. Address Bethany 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.