

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **411**
Registrar's No. **61**

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

117
2

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

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Horish | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City 1130 | |
| c. LENGTH OF STAY (in this place) 5y 2m - 5dy | | d. STREET ADDRESS (If rural, give location) Rural | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 2 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Blanche b. (Middle) Myman c. (Last) Myman | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan 15 1953 |
| 5. SEX Female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH May 14 - 1875 |
| 9. AGE (In years last birthday) 79 | | IF UNDER 1 YEAR Months 8 Days 1 Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Housekeeping | 11. BIRTHPLACE (State or foreign country) Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | | |
| 13a. FATHER'S NAME not given | | 13b. MOTHER'S MAIDEN NAME not given | 14. NAME OF HUSBAND OR WIFE not given |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) n | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Karley Myman ADDRESS Malay Iowa |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension + arteriosclerosis DUE TO (c) 443 X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis Cerebral Arteriosclerosis | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 1, 1953 , to Jan 15, 1953 , that I last saw the deceased alive on Jan 15, 1953 ; and that death occurred at 2 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Forrest Thomas M.D. (Degree or title) | | 23b. ADDRESS Andrews Mo. State Hosp no 2 | 23c. DATE SIGNED 1/15-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Jan 15 - 1953 | 24c. NAME OF CEMETERY OR CREMATORY Grant City Mo | 24d. LOCATION (City, town, or county) (State) Grant City Mo |
| DATE REC'D BY LOCAL REG. Jan 21, 1953 | REGISTRAR'S SIGNATURE Carl C. Cant | 25. FUNERAL DIRECTOR'S SIGNATURE John Andrews ADDRESS Grant City Mo | |

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 _____

John Andrews

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant 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.