

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14009

State File No. ....

FILED MAY 1 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4235</u>		Registrar's No. <u>6</u>			
1. PLACE OF DEATH a. COUNTY <u>IAON</u> <u>0470</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>IAON</u> <u>609</u>					
b. CITY OR TOWN <u>ANNAPLOIS</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ANNAPLOIS</u>		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ANN</u> c. (Last) <u>MYERS</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH, 16, 1955</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>		8. DATE OF BIRTH <u>Nov. 7, 1885</u>			
9. AGE (In years if under 1 year last birthday) <u>67</u> Months <u>4</u> Days <u>8</u> Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>IAON Co. MO. 0</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>MONROE S. USHER</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE HALE</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM T. MYERS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-28-5179</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Irene Wann Elving, Mo.</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Depression</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>riding aerria</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>78nd</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>IAON</u> <u>IAON</u> <u>MO.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>				22. I hereby certify that I attended the deceased from <u>1967</u> , 19____, to <u>March 17, 1955</u> , that I last saw the deceased alive on <u>March 17, 1955</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Geary ... DO</u>		(Degree or title)		23b. ADDRESS <u>Belmar, MO</u>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/19-55</u>		24c. NAME OF CEMETERY OR CREMATORIA <u>ANNAPLOIS</u>		24d. LOCATION (City, town, or county) (State) <u>ANNAPLOIS, MO.</u>			
DATE REC'D BY LOCAL REG. <u>4-29-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Arvia Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Raymond Caldwell, 1140 N. ...</u>					

**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 R. Caldwell .....

Licensed Embalmer No. 2531 .....

P. O. Address Flat River, 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.