

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14385
2213

State File No.

BIRTH NO. 22171 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN Buckner		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital			STREET ADDRESS (If rural, give location) 7000		
3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) W.	c. (Last) MYERS	4. DATE OF DEATH (Month) (Day) (Year) April 27, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 4-24-53	9. AGE (in years last birthday)	IF UNDER 1 YEAR Months 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Warren T. Myers		13b. MOTHER'S MAIDEN NAME Freda Mae Frank		14. NAME OF HUSBAND OR WIFE —	
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 ADDRESS W. T. Myers, Buckner, 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic infarction of small intestine - Peritonitis ANTECEDENT CAUSES DUE TO (b) superior Mesenteric artery Thrombosis DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days 57020	
19a. DATE OF OPERATION 4/26/53	19b. MAJOR FINDINGS OF OPERATION Peritonitis - infarcted bowel.			20. AUTOPSY? YES <input checked="" 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) m.	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 4-24 , 19 53 , to 4-27 , 19 53 that I last saw the deceased alive on 4-27 , 19 53 and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Charles J. Eldridge (Degree or title) Charles J. Eldridge M.D.			23b. ADDRESS 6247 Brookside Blvd		23c. DATE SIGNED 4/27/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial	24b. DATE 4-27-53	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri		
DATE REC'D BY LOCAL REG. 4-27-53	REGISTRAR'S SIGNATURE E. Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-MoGilley-Eylar, Kansas 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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Glen E. Hesk*.....

Licensed Embalmer No. *406*.....

P. O. Address *K.C.M.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.