

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15200

FILED APR 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 122

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

1. PLACE OF DEATH a. COUNTY <u>Callia</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Callia</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>1014 So. Henderson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ashburn Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DOROTHY</u> b. (Middle) <u>LOGAN</u> c. (Last) <u>MEYERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 14-1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb 20-1914</u>		9. AGE (In years last birthday) <u>39</u>		10. IF UNDER 1 YEAR: Months <u>2</u> Days <u>0</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Dep</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>			

13a. FATHER'S NAME <u>Ray Logan</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Hammer</u>		14. NAME OF HUSBAND OR WIFE <u>George Meyers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Meyers - Sedalia 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cause undetermined.</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 <u>7824</u>		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) (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 April, 1952, to April 14, 1953, that I last saw the deceased alive on April 14, 1953, and that death occurred at 2-15<sup>00</sup> p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John E. Ramsey, M.D.</u> (Degree or title)		23b. ADDRESS <u>111 West 4th Sedalia Mo</u>		23c. DATE SIGNED <u>4/14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-16-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	
				24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>	

DATE REC'D BY LOCAL REG. <u>4/14-1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Campbell-Bemis Mortuary</u>	
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AUG 25 1957

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

*Joe N. Perri*

Licensed Embalmer No. 1171

P. O. Address Marshall 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.