

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

28782  
4075

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED SEP 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) OR TOWN <u>3 Mos.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6308 College</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Myrtie</u> b. (Middle) <u>L.</u> c. (Last) <u>Myers</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Aug. 17, 1953</u>		
<b>5. SEX</b> <u>Fe</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widow</u>	<b>8. DATE OF BIRTH</b> <u>April 16, 1875</u>		<b>9. AGE</b> (In years last birthday) <u>77 7/8</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>At Home</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Missouri D</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>					

<b>13a. FATHER'S NAME</b> <u>Joseph Dodson</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Margaret Summers</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>None HOMER MYERS</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. R. D. Friend</u>	
<b>ADDRESS</b> <u>6308 College, K.C.</u>					

<b>18. CAUSE OF DEATH</b> 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.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 yr.</u> <u>8 yrs.</u> <u>15 1/2</u>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinomatosis</u>		DUE TO (b) <u>Retroperitoneal</u>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)			<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>						
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.				<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			<b>21f. HOW DID INJURY OCCUR?</b>				

22. I hereby certify that I attended the deceased from 1942, to Aug 17, 1953, that I last saw the deceased alive on Aug 15, 1953, and that death occurred at 3 a m., from the causes and on the date stated above

<b>23a. SIGNATURE</b> <u>Wm. R. Jackson</u> (Degree or title) <u>MD</u>		<b>23b. ADDRESS</b> <u>1107 Bryant Bldg</u>	
<b>24a. BURIAL, CREMATION REMOVAL</b> (Specify) <u>Removal</u>		<b>24b. DATE</b> <u>Aug. 17, 1953</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Odessa Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Odessa Mo.</u>	

<b>DATE REC'D BY LOCAL REG.</b> <u>8-17-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Sheraldine Smith</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Harman Sparks</u>		<b>ADDRESS</b> <u>Odessa, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

**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 

Licensed Embalmer No. 7543

P. O. Address. Adelphi, 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.