No. 300
10.48

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

FILED AUG 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29144

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5604 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montserrat
c. LENGTH OF STAY (In this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montserrat
d. STREET ADDRESS (If rural, give location): 0510 0

3. NAME OF DECEASED (Type or Print)
a. (First): Lydia
b. (Middle): C
c. (Last): Myers

4. DATE OF DEATH (Month) (Day) (Year): Aug. 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 5, 1871
9. AGE (In years last birthday): 82 — If under 1 year: Months 5, Days 20 — If under 24 hrs.: 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:
11. BIRTHPLACE (City and State or Foreign Country): Osceola, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John Bowman
13b. MOTHER'S MAIDEN NAME: Lucinda Shepherd
14. NAME OF HUSBAND OR WIFE: Tom Myers, (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: John Myers, Montserrat, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) (1) Chr. Valvular Disease — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ✓
DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chole lithiasis

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

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): Montserrat, Johnson, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* June 1, 1953, *to* Aug 25, 1953, *that I last saw the deceased alive on* Aug 24, 1953, *and that death occurred at* 2:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K. U. Graves MD
23b. ADDRESS: Knob Noster Mo
23c. DATE SIGNED: Aug 25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: Bratton cemetery
24d. LOCATION (City, town, or county) (State): 3 mi. S. of Warrensburg, Mo.

DATE REC'D BY LOCAL REG.: Aug 26-53
REGISTRAR'S SIGNATURE: Erma L Beatty
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. Raymond Baker, Knob Noster, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 28 1953
JOHNSON COUNTY HEALTH DEPT.

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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Kirkwood, 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.