

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12605

BIRTH NO.		REG. DIST. NO. 388	PRIMARY REG. DIST. NO. 3039	Registrar's No. 19
1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Linn		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. LENGTH OF STAY (In this place) 5 da		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		
d. STREET ADDRESS		(If rural, give location) 058/0		
3. NAME OF DECEASED (Type or Print) a. (First) Cecile		b. (Middle) Myers		c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) 4 2 54				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 4/1/1865	9. AGE (In years last birthday) 89
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 (State or foreign country) 5 France
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Henri Ma y		13b. MOTHER'S MAIDEN NAME Rosalie Livre		14. NAME OF HUSBAND OR WIFE Carl (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edgar Myers Marceline, Mo
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) GENERALIZED ARTERIOSCLEROSIS 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. ① PNEUMONIA ② ADVANCED AGE ③ MALNUTRITION INTERVAL BETWEEN ONSET AND DEATH UNKNOWN		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 4500
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)		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 Sept. 1951, to April, 1954, that I last saw the deceased alive on APRIL 2, 1954, and that death occurred at 3:30 P. M., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) James T. Berry M.D.		23b. ADDRESS Marceline Mo		23c. DATE SIGNED 4-3-54
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4/4/54		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel
24d. LOCATION (City, town, or county) (State) Kansas City, Mo				
DATE REC'D BY LOCAL REG. 4-3-54		REGISTRAR'S SIGNATURE Mary Jane Piquero 401-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James M. Laughlin Marceline

(Licensed Embalmer) Statute on Reverse Side

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

No. 300
10-48

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *George L. Hammill*
Licensed Embalmer No. *425*
P. O. Address *Marline, 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.