

FILED JUL 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26010

State File No.

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| BIRTH NO. _____ | | REG. DIST. NO. <u>354</u> | | PRIMARY REG. DIST. NO. <u>6198</u> | | Registrar's No. <u>99</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>TEXAS</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>CASS Twp.</u> | | c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>CASS Twp.</u> | | 1070 0 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) <u>4 MILES SO. ELK CREEK</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BERT</u> | | | b. (Middle) <u>MYERS</u> | | c. (Last) <u>MYERS</u> | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>July 19-54</u> | | | 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | |
| 8. DATE OF BIRTH <u>3-9-1881</u> | | | 9. AGE (In years last birthday) <u>73</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <u>LOUIS, IOWA</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | |
| 13a. FATHER'S NAME <u>JAMES MYERS</u> | | | 13b. MOTHER'S MAIDEN NAME <u>MARGE RANCEFORTH</u> | | | 14. NAME OF HUSBAND OR WIFE <u>MINNIE</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | | 16. SOCIAL SECURITY NO. <u>NO.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Myers, Cabool</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchopneumonia</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>491X</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) (Min.) | | 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 <u>July 17, 1954</u> , to <u>July 17, 1954</u> , that I last saw the deceased alive on <u>July 17, 1954</u> , and that death occurred at <u>10:20 p.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Death or title) <u>H. L. Bruce D.O.</u> | | | | 23b. ADDRESS <u>Cabool, Mo.</u> | | 23c. DATE SIGNED <u>7/21/54</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>7-22-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>CABOOL CEMET.</u> | | 24d. LOCATION (City, town, or county) (State) <u>CABOOL, MO.</u> | | |
| DATE REC'D BY LOCAL REG. <u>7-21-54</u> | | REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott - Stealy</u> | | ADDRESS <u>Cabool, Mo.</u> | | |

(Licensed Embalmers' Statement on Reverse Side)

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

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 *James F. Kentry*

Licensed Embalmer No. *47181*

P. O. Address *Calool, 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.