

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36488**

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **5096** Registrar's No. **113**

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUTLER Pleasant Mo.		c. CITY OR TOWN RICH HILL.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION PINETREE CONV. HOME.		e. STREET ADDRESS (If rural, give location) 308 E. MAPLE ST. 0070	

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) BELLE c. (Last) MYERLEY			4. DATE OF DEATH (Month) (Day) (Year) NOV-8-1954		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV-28-1867	9. AGE (In years last birthday) 86	10. IF UNDER 14 HRS. Hours Min. 11 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN-HOME	11. BIRTHPLACE (City and State or Foreign Country) HUNTINGDON COUNTY PENN.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME JOHN S. MYERLEY		13b. MOTHER'S MAIDEN NAME UNKNOWN.		14. NAME OF HUSBAND OR WIFE _____	

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 Byron Myerley - Rich Hill, Mo.		ADDRESS _____
---	--------------------------------------	---	--	---------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure.			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Dementia DUE TO (c) Arteriosclerosis			
	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 _____	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) Rich Hill, MO, Bates
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? 1500

22. I hereby certify that I attended the deceased from **July 1, 1954**, to **11-8-1954**, that I last saw the deceased alive on **11-8-1954**, and that death occurred at **10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. P. Hanson M.D.	23b. ADDRESS Butler, MO	23c. DATE SIGNED 11-13-54
---	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-12-54	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEM.	24d. LOCATION (City, town, or county) (State) RICH HILL, MISSOURI
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. Nov. 13-54	REGISTRAR'S SIGNATURE Randall Kerney	25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Home, Rich Hill, Mo.	ADDRESS _____
--	---	--	---------------

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.....
Signature of Student Embalmer

Signed *Robert G. Steinbeck*

Licensed Embalmer No. *768*

P. O. Address *Burlington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.