

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42063

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>4450</u>		Registrar's No. <u>490</u>	
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u>		c. LENGTH OF STAY (in this place) <u>6 Months</u>		c. CITY OR TOWN <u>Doniphan</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Happy Home Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>1001 Walnut Street. 0910</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Trave</u> b. (Middle) <u>Walter</u> c. (Last) <u>Myers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27, 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 6, 1894</u>		9. AGE (in years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u>	IF UNDER 1 YEAR Hours <u>---</u> Mins. <u>---</u>
10a. USUAL OCCUPATION (Give kind of work denigrating most of working life, even if retired) <u>Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Salt Lick, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>(Unknown) Myers</u>			13b. MOTHER'S MAIDEN NAME <u>(Unknown) Stator</u>		14. NAME OF HUSBAND OR WIFE <u>Lora Myers</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes, Spanish-American</u>		16. SOCIAL SECURITY NO. <u>302-12-0811</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marie Cogswell, Baltimore, Md. (25)</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>4201</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)		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>1-1</u> , 19 <u>54</u> , to <u>11-27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-26</u> , 19 <u>54</u> , and that death occurred at <u>2 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. G. Forth, M.D.</u> (Degree or title)				23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>11-30-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 30, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Amity Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-3-1954</u>		REGISTRAR'S SIGNATURE <u>C. G. Forth</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Meemar</u>		ADDRESS <u>Doniphan, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 1955

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..... *Ray Meane*

Licensed Embalmer No. *3743*

P. O. Address *Doniphan*

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.