

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21207

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 847

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 2 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Parkview Nursing Home		STREET ADDRESS (If rural, give location) Route 8 311 W. Walter L St.	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) F c. (Last) Myer			4. DATE OF DEATH (Month) (Day) (Year) July 31, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar. 22, 1879		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Strawboard Mfg.		11. BIRTHPLACE (City and State or Foreign Country) Buchanan Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William T. Myer		13b. MOTHER'S MAIDEN NAME Laura Parnell		14. NAME OF HUSBAND OR WIFE Nellie Myer	
------------------------------------	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-09-0044A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie Marcell, Rt. 8 St. Joseph, 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 Atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH Unk	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cerebral Arteriosclerosis		Unk	
		DUE TO (c) 334X			
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)	
--	--	--	--	---	--

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 July 7, 1955, to July 31, 1955, that I last saw the deceased alive on July 30, 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Martin H Christ (Degree or title) MD		23b. ADDRESS 6106 King Hall Ave, City		23c. DATE SIGNED Aug. 2, 1955	
---	--	---------------------------------------	--	-------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 2, 1955		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Highland, Kansas	
--	--	------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. Aug. 11, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Clark & Clark		ADDRESS Clark Funeral Home St. Joseph, Mo	
--	--	---	--	--	--	---	--

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.....
Diego Blum

Licensed Embalmer No. 411

P. O. Address St. J. St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.