

FILED JUL 18 1955 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 25130

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 45XX Registrar's No. 20

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give town) NIANGWA MO		c. CITY (If outside corporate limits, write RURAL and give township) NIANGWA MO 1120	
c. LENGTH OF STAY (in this place) 27RS		d. STREET ADDRESS (If rural, give location) NIANGWA MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION NIANGWA NURSING HOME			
3. NAME OF DECEASED (Type or Print) a. (First) REBECCA JANE		b. (Middle) MYERS	
c. (Last) MYERS		4. DATE OF DEATH (Month) (Day) (Year) JUNE 25 1955	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV 29 1867
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	11. BIRTHPLACE (State or foreign country) MISSOURI
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOSEPH BUCK		13b. MOTHER'S MAIDEN NAME PARALEE VITTEGE	
14. NAME OF HUSBAND OR WIFE		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.		17. INFORMANT'S SIGNATURE OR NAME ARNOLD MYERS CONWAY R2	
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) Sepsis + Terminal pneumonia ANTECEDENT CAUSES DUE TO (b) Recumbency necessitated by feet left formal DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9020 21	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mangrove Heights 1120 MO			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY June 14 55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR patient fell out of bed			
22. I hereby certify that I attended the deceased from June 14, 1955, to June 25, 1955, that I last saw the deceased alive on June 21, 1955, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE: [Signature] (Degree or title) DO		23b. ADDRESS Mangrove Heights 1120 MO	
23c. DATE SIGNED 6-28-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-27-1955	
24c. NAME OF CEMETERY OR CREMATORY ST LUKE		24d. LOCATION (City, town, or county) (State) WEBSTER CO MO	
DATE REC'D BY LOCAL REG. 7-11-55		REGISTRAR'S SIGNATURE [Signature] 392 -	
25. FUNERAL DIRECTOR'S SIGNATURE CRW BARBER		ADDRESS MARSHFIELD 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
Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.