

FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41089

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 565

| | | | |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Colorado</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> | | c. LENGTH OF STAY (in this place) <u>4 months</u> | c. CITY OR TOWN <u>Loveland</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John Hospital -</u> | | STREET ADDRESS (If rural, give location) <u>197 So. Washington St</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Missie</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Myers</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-28-1955</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 1-1870</u> |
| 9. AGE (In years last birthday) <u>85</u> | | 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) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Warsaw, Illinois</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John Gitting</u> | 13b. MOTHER'S MARDEN NAME _____ |
| 14. NAME OF HUSBAND OR WIFE <u>John Myers</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Myers - 1719 Ky - Joplin Mo</u> | | 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Bronchopneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Atrial Fibrillation</u> <u>3 mos</u> <u>Acute Cardiac Failure</u> <u>6 hours</u> DUE TO (c) <u>Bilateral Hydrothorax</u> <u>48 hours</u> <u>Chronic Peripheral Arterio Sclerotic with Gangrene</u> <u>3 months</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION <u>12/10/55</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Gangrene of Right Foot</u> | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT SUICIDE SUICIDE (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>Oct 3, 1955</u> , to <u>Dec 28, 1955</u> , that I last saw the deceased alive on <u>Dec 28, 1955</u> , and that death occurred at <u>2:00</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>E. E. Deton, Jr., M.D.</u> | | 23b. ADDRESS <u>28 Jackson Joplin, Missouri</u> | |
| 23c. DATE SIGNED <u>12/28/55</u> | | 24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u> | |
| 24b. DATE <u>12-29-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Loveland, Colorado</u> | |
| 24d. LOCATION (City, town, or county) (State) _____ | | DATE REC'D BY LOCAL REG. <u>1-6-56</u> | |
| REGISTRAR'S SIGNATURE <u>James 138</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Pharm Hill Dobb</u> | |
| ADDRESS _____ | | ADDRESS <u>Joplin, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 9 1956
Jasper County Health Office

County File Number 5-6-1-27
Date Filed JAN 9 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 David Dillen

Licensed Embalmer No. 380

P. O. Address Joplin,

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.