

FILED APR 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7928

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u> Registrar's No. <u>98</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Novinger</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>Kirksville Osteo-Hosp.</u>			STREET ADDRESS (If rural, give location) <u>0010</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dalie</u>		b. (Middle)	c. (Last) <u>MYERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 24, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 16, 1883</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days 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	11. BIRTHPLACE (City and State or Foreign Country) <u>Greencastle, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Job Doze</u>		13b. MOTHER'S MAIDEN NAME <u>MARY</u>	14. NAME OF HUSBAND OR WIFE <u>CLINT MYERS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Clint Myers, Novinger, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>medullary failure</u> ANTECEDENT CAUSES <u>Peripheral Vascular failure</u> Morbid conditions, if any, giving RISE TO (b)* <u>terminal uremia due to</u> the underlying cause last. <u>pan-hypertension & liver failure</u> II. OTHER SIGNIFICANT CONDITIONS <u>Bartter's syndrome</u> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <u>583x</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) m.		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>2-29</u> , 19 <u>56</u> , to <u>3-24</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-24-56</u> , 19 <u>56</u> , and that death occurred at <u>1:50 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>John R. Rippee D.O.</u>			23b. ADDRESS <u>Kirksville Mo 600 W. Jefferson</u>		23c. DATE SIGNED <u>4-3-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>March 26, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greencastle Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Greencastle Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-9-56</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Janis & Davis, Kirksville, Mo.</u>		

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 B. Davis*.....

Licensed Embalmer No. *421*

P. O. Address *Kubsville*

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.