

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15393

BIRTH NO.		REG. DIST. NO. 374	PRIMARY REG. DIST. NO. 4647	Registrar's No. 22
1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MO b. COUNTY Worth		
b. CITY (If outside corporate limits, write RURAL and give township) Grant City, MO		c. LENGTH OF STAY (In this place) 1 Year	c. CITY OR TOWN Grant City, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Grant City Nursing Home		e. STREET ADDRESS (If rural, give location) 1120		
3. NAME OF DECEASED (Type or Print) a. (First) Lottie		b. (Middle) V	c. (Last) Myers	4. DATE OF DEATH (Month) April (Day) 24 , (Year) 1956
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, ⁹ WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Jan 25, 1868	9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Widowed	11. BIRTHPLACE (City and State or Foreign Country) Denver, MO	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Richnond		13b. MOTHER'S MAIDEN NAME Kathryn Fugate	14. NAME OF HUSBAND OR WIFE John Myers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Eddie Meyers	
				ADDRESS King City, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pyelonephritis		INTERVAL BETWEEN ONSET AND DEATH 2 wks
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalizēd		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 6000		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) (Min.)		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 19 47, April 24, 56 , that I last saw the deceased alive on April 23, 19 56 , and that death occurred at 1p m., from the causes and on the date stated above.				
23a. SIGNATURE Frank B. Matheson MD		(Degree or title) MD	23b. ADDRESS Grant City, Mo	23c. DATE SIGNED 4-25-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 26, 1956	24c. NAME OF CEMETERY OR CREMATORY Prairie Chapel	24d. LOCATION (City, town, or county) (State) Denver, MO	
DATE REC'D BY LOCAL REG. 4-30-1956	REGISTRAR'S SIGNATURE Leta E. Dawson	FUNERAL DIRECTOR'S SIGNATURE Kernit Braun		ADDRESS Denver MO

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.46

450

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 John Andrews Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 42

P. O. Address Grant

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.