

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22489

State File No. ....

FILED JUN 25 1956

BIRTH NO. ....		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>6092</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Liberty Twp.</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>		c. CITY OR TOWN <u>Rural-Liberty Twp.</u>		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 not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 miles east of Sweet Springs.</u>				e. STREET ADDRESS (If rural, give location) <u>4 miles east of Sweet Sprgs.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Keturah</u> b. (Middle) <u>Myers</u> c. (Last) <u>Owens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 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>August 3, 1899</u>		9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Waldren, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Arista D. Myers</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Cook</u>		14. NAME OF HUSBAND OR WIFE <u>James A. Dwens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-40-2666</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James A. Owens Sweet Springs, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Diabetes</u>  II. OTHER SIGNIFICANT CONDITIONS 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 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)		260X	
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 <u>Apr. 24, 1956</u> , to <u>June 16, 1956</u> , that I last saw the deceased alive on <u>June 10, 1956</u> , and that death occurred at <u>3 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Don W. Black</u> M.D.				23b. ADDRESS <u>924 Professional Bldg.</u>		23c. DATE SIGNED <u>6/16/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 18, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>June 18, 1956</u>		REGISTRAR'S SIGNATURE <u>Mary Manley</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Campbell-Lewis Marshall, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 *James A. Lewis* .....  
Licensed Embalmer No. *4709* .....  
P. O. Address *Marshall, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.