

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1956

State File No. **31082**

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5568</u>		Registrar's No. <u>389</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> ( <u>13blue</u> )				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City 29</u>		c. LENGTH OF STAY (In this place) <u>1 year</u>		c. CITY OR TOWN <u>Kansas City 29</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 HOSPITAL OR INSTITUTION <u>4302 Carlisle</u>				e. STREET ADDRESS (If rural, give location) <u>4302 Carlisle</u> <u>ret 1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>F.</u> c. (Last) <u>Myers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 30 1956</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 19 1879</u>			
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work during most working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Frankfort, Indiana</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Frankfort, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Uriah Myers</u>		13b. MOTHER'S MAIDEN NAME <u>Phoebe Thatcher</u>			
13b. MOTHER'S MAIDEN NAME <u>Phoebe Thatcher</u>		14. NAME OF HUSBAND/DR WIFE <u>Lottie Myers</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-26-2480</u>			
16. SOCIAL SECURITY NO. <u>492-26-2480</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dorothy Bogue - 4302 Carlisle.</u>				ADDRESS <u>4302 Carlisle.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic nephritis &amp; uremia</u> DUE TO (c) <u>Abdominal fistula</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 <u>2 days</u> <u>?</u> <u>3 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592x</u>				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) 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>11 Jan 1948</u> , to <u>30 Aug 1956</u> , that I last saw the deceased alive on <u>29 Aug 1956</u> , and that death occurred at <u>1:30P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. A. Anderson M.D.</u>				23b. ADDRESS <u>Independence</u>		23c. DATE SIGNED <u>1 Sep 56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 1-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Buckner, Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-1-56</u>		REGISTRAR'S SIGNATURE <u>James Lewis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilton L. Keagy</u>		ADDRESS <u>Independence Mo</u>			

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

SEP 23 1958

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 *Walter L. Topley*

Licensed Embalmer No. *4225*

P. O. Address *Indep. 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.