

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **34522**

FILED OCT 16 1956

Registration District No. **155** Primary Registration District No. **3127** Registrar's No. **141**

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN WEBB CITY MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 828 N. PROSPECT			Length of stay in lb 44 yrs	d. STREET ADDRESS (If outside, give location) 828 N. PROSPECT			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Juanita			First Juanita	Middle M	Last Myers		4. DATE OF DEATH Month Oct Day 5 Year 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH FEB. 3 1912		9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) WEBB CITY MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George Mayfield				14. MOTHER'S MAIDEN NAME MAUDE Prichett					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT HENRY F Myers			Address WEBB CITY MO	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY Occlusion							INTERVAL BETWEEN ONSET AND DEATH 2 MINUTES		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c) CORONARY Sclerosis.			Not Known		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). Chronic Cholecystitis							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 8/28/56 to 10/5/56 and last saw her alive on 10/4/56 Death occurred at 6:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Wm. Wells-Rice (Degree or title)				22b. ADDRESS 924 W. Doughty, W.C. MO			22c. DATE SIGNED 10/8/56		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT 9, 1956	23c. NAME OF CEMETERY OR CREMATORY OSARK MEMORIAL PARK			23d. LOCATION (City, town, or county) JOPLIN MO		(State)	
24. FUNERAL DIRECTOR JOHNSTON-ARNCE-SIMPSON MORT.			25. DATE RECD. BY LOCAL REG. 10-9-56		26. REGISTRAR'S SIGNATURE Wm. Madeline Switzer				

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secretary, etc. must use only standard nomenclature in item 10. No symptoms which are treated. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Date Filed _____
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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 Henry E. Orms

Licensed Embalmer No. 44

P. O. Address W. H. City

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.