Wallace

FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37233
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 302

1. PLACE OF DEATH a. COUNTY Callaway	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton — Inside Limits Yes X No ☐	c. CITY OR TOWN Fulton 0143 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Length of stay in 1b 5 months	d. STREET ADDRESS (If outside, give location) 207 East 9th St — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First Dora	Middle	Last Myers	4. DATE OF DEATH	Month Nov Day 15 Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐	8. DATE OF BIRTH March 13, 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 7 Days 2 — IF UNDER 24 HRS. 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 Home	11. BIRTHPLACE (City and state or country) Concord, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Jacob Womack		14. MOTHER'S MAIDEN NAME Melissa Althiser			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Vernia Myers	Address McCredie, Mo.R.R		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH 24 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary arteriosclerosis part of CVR — 3 years

DUE TO (c) disease. Occlusions Aug & October 56

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Carcinoma of Cervix & Vagina not cause of death

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201H

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 3 Aug 46, to 15 Nov 56 and last saw her alive on 13 Nov 56

Death occurred at 1240 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. R. Gish MD

22b. ADDRESS 5 East 5th., Fulton, Mo.

22c. DATE SIGNED 11-16-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov-17-1956	23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	23d. LOCATION (City, town, or county) 8 Mi. East Fulton	(State) Mo
24. FUNERAL DIRECTOR Wallace Funeral Home	ADDRESS Fulton Mo	25. DATE RECD. BY LOCAL REG. Nov. 17-1956	26. REGISTRAR'S SIGNATURE Maretta Lawrence	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hector R. Masure

Licensed Embalmer No. 4

P. O. Address Fulton

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.