

FILED DEC 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40375

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>	c. LENGTH OF STAY (in this place) <b>10 Yrs</b>	c. CITY OR TOWN <b>Nevada</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>424 N. Cedar</b>		e. STREET ADDRESS (If rural, give location) <b>424 N. Cedar</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b> b. (Middle) <b>Gertie</b> c. (Last) <b>Myers</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 21 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>26 Oct. 1877</b>	9. AGE (in years last birthday) <b>79</b>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Iowa County, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Sutton Longstreth</b>	13b. MOTHER'S MAIDEN NAME <b>Ella J. Wagner</b>	14. NAME OF HUSBAND OR WIFE <b>Philip S. Myers</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. E. G. Ater 424 N. Cedar Nevada,</b>

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		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Severe chest cold aggravated the condition</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Advanced age 422.2.</b>			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Nevada Vernon Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>None</b>

22. I hereby certify that I attended the deceased from **Nov 15, 1956**, to **Nov 21, 1956**, that I last saw the deceased alive on **Nov 20, 1956** and that death occurred at **4A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. S. Love MD</b> (Degree or title)	23b. ADDRESS <b>Nevada, Mo</b>	23c. DATE SIGNED <b>11/28/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>23 Nov. 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>
24d. LOCATION (City, town, or county) (State) <b>Nevada, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>12-3-56</b>	REGISTRAR'S SIGNATURE <b>Arma J. Ferry</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Richard L. Shorten Nevada, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Chas C McLeod*.....

Licensed Embalmer No. *485*

P. O. Address *Neah, Or*

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.