FILED DEC 21 1956

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 41644

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5291

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1806½ Forest — Length of stay in 1b: 10 yrs.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1806½ Forest — Reside on Farm: Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First: Claude Middle: Mac Last: Myers

**4. DATE OF DEATH** Month: Nov. Day: 30 Year: 1956

**5. SEX:** Male **6. COLOR OR RACE:** Col. **7. MARRIED** ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH:** Nov. 21, 1917 **9. AGE** (In years last birthday): 39 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Cook
**10b. KIND OF BUSINESS OR INDUSTRY:** Drive In Rest. Restaurant
**11. BIRTHPLACE** (City and state or country): Thomaston, Texas
**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13. FATHER'S NAME:** Jolly Myers
**14. MOTHER'S MAIDEN NAME:** Fannie Austin

**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.**
**17. INFORMANT** Address: Mrs. Lola Phillips, Dallas, Texas

**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) Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Laboratory Test:- 50% Saturation of Blood C CO.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) E890.5 — **19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a. ACCIDENT** ☒ **SUICIDE** ☐ **HOMICIDE** ☐
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.) Carbon monoxide poisoning, gas heater
**20c. TIME OF INJURY** Hour a. m. 11:22 Month, Day, Year 11/30/1956
**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.): 1806½ Forest
**20f. CITY, TOWN, OR LOCATION** Kansas City COUNTY Jackson STATE Mo.

**21.** I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): L. M. Tillman M.D. Deputy Coroner
**22b. ADDRESS:** 1618 Lydia Ave
**22c. DATE SIGNED:** 12/3/56

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**23b. DATE:** 12/6/56
**23c. NAME OF CEMETERY OR CREMATORY:** Westlawn Cemetery
**23d. LOCATION** (City, town, or county) (State): Kansas City, Kansas

**24. FUNERAL DIRECTOR** ADDRESS: Badeau, Appleton & Jones, K.C., Mo.
**25. DATE RECD. BY LOCAL REG.:** 12-6-56
**26. REGISTRAR'S SIGNATURE:** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. M. Tillman

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 Consuelo Gladys Bo

Licensed Embalmer No. 49.

P. O. Address K. C., h

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.