

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

701

FILED JAN 31 1957

STATE FILE NUMBER

40

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Jefferson City TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY Trenton TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo State Prison		Length of stay in lb 4 yrs	d. STREET ADDRESS Route 1 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) WORDSON First Hamilton Middle MYERS Last			4. DATE OF DEATH Month January Day 26 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 26, 1891		9. AGE (In years last birthday) 65

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY Private	11. BIRTHPLACE (City and state or country) Not Known Grundy Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Cassius Myers		14. MOTHER'S MAIDEN NAME Sarah Hamilton	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW 1	16. SOCIAL SECURITY NO. 486-12-7155	17. INFORMANT James Myers - Trenton, Mo Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Renal Insufficiency - Decompensation / yr	DUE TO (c) Rheumatic Heart Dis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) D. diabetes		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 8:20 A Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Jan 5, 1957 to Jan 26, 1957 and last saw him alive on Jan 25, 1957 Death occurred at 8:20 A on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) [Signature]	22b. ADDRESS [Address]
22c. DATE SIGNED 1-26-57	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 30/57	23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cem.	23d. LOCATION (City, town, or county) (State) Trenton, Mo.
24. FUNERAL DIRECTOR Donald Slater Trenton, Mo		25. DATE RECD. BY LOCAL REG. 29 January 1957	26. REGISTRAR'S SIGNATURE R. P. Dorree MD-MR

O. J. Gordon (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be casually related. Doctor, coroner, etc. must use only standard nomenclature in their reports.

MEDICAL CERTIFICATION

FEB 1 1957

FEB 5 1957

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 *Harry E. Monroe*.....

Licensed Embalmer No. *44*

P. O. Address *Jeff 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.