FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3654

Registration District No. 287 Primary Registration District No. 3048 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: Nodaway County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Maryville — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Francis Hospital — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. COUNTY: Gentry
c. CITY OR TOWN: Stanberry 0350 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside city, give location): West 2nd. St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Mr. Middle Thomas Albert Last Myrick

4. DATE OF DEATH: Month Feb. Day 19 Year 1957

5. SEX: male

6. COLOR OR RACE: white 0

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH: Dec. 22 1872

9. AGE (In years last birthday): 84 — 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): Retired Farmer and Stockman

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (City and state or country): Gentry Co Mo. 0

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Wesley Myrick

14. MOTHER'S MAIDEN NAME: Unknown

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: C. L. and E. T. Myrick — Address

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) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c) Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes Mellitus; Carcinoma of prostate gland 33 XH

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.) —

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 Nov 12, 1952 to February 19 1957 and last saw her/him alive on Feb 18, 1957
Death occurred at 6 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Albert L. Carlen (Degree or title) MD

22b. ADDRESS: Stanberry, Mo

22c. DATE SIGNED: 2-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2/21/57

23c. NAME OF CEMETERY OR CREMATORY: High Ridge

23d. LOCATION (City, town, or county) (State): Stanberry Gentry Mo.

24. FUNERAL DIRECTOR: Peter G. Phillips — ADDRESS: Stanberry Mo

25. DATE RECD. BY LOCAL REG.: 2 23 57

26. REGISTRAR'S SIGNATURE: Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Latoy N. Pohlle

Licensed Embalmer No. 18

P. O. Address Stoutle

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.