

STANDARD CERTIFICATE OF DEATH

FILED MAR 26 1957

State File No. ....

BIRTH NO. ... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200L Registrar's No. 138

1. PLACE OF DEATH a. COUNTY Jasper b. CITY OR TOWN Joplin c. LENGTH OF STAY (in this place) ... 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper c. CITY OR TOWN Joplin d. In Residence within limits of a city or incorporated town? Yes [X] No [ ] e. STREET ADDRESS (If rural, give location) 417 E 23rd St. 0495

3. NAME OF DECEASED a. (First) Minnie b. (Middle) Myers c. (Last) Myers 4. DATE OF DEATH (Month) (Day) (Year) Mar. 17, 57 5. SEX Fem. 6. COLOR OR RACE wht. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) wid. 8. DATE OF BIRTH June 5, 1876 9. AGE (In years last birthday) 80 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY ----- 11. BIRTHPLACE (City and State or Foreign Country) Chillicothe, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Brown 13b. MOTHER'S MAIDEN NAME Elizabeth 14. NAME OF HUSBAND OR WIFE Andrew P. Myers 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'S SIGNATURE OR NAME Mrs. W.H. Higginbotham, Seneca, Mo. ADDRESS

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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 7 days 5 years

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION None 20. AUTOPSY? YES [ ] NO [X] 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None 443X 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m. 21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] 21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Feb. 1955, to Mar. 1957, that I last saw the deceased alive on Mar. 17, 1957, and that death occurred 6:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. F. Stephens J.D. 23b. ADDRESS 211 W. 20th Joplin Mo 23c. DATE SIGNED 3-18-57 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar. 20, '57 24c. NAME OF CEMETERY OR CREMATORY Hornet Cem. 24d. LOCATION (City, town, or county) (State) Hornet, Missouri

DATE REC'D BY LOCAL REG. Mar 21 '57 REGISTRAR'S SIGNATURE Dovie Mervine 25. FUNERAL DIRECTOR'S SIGNATURE W. E. Hedecome ADDRESS Seneca Mo

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

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Jasper County Health Office  
County File Number 57-3-234  
Date Filed MAR 25 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 W E Bell

Licensed Embalmer No 2174

P. O. Address Seneca

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.