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FILED JUL 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20156
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 722

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Davis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Josph</u>		c. CITY OR TOWN <u>Winston</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Methodist Hosp.</u>		d. STREET ADDRESS <u>R. R. I</u>	

3. NAME OF DECEASED (Type or print) First <u>Perry</u> Middle <u>Franklin</u> Last <u>Momyer</u>			4. DATE OF DEATH Month <u>June</u> Day <u>27</u> Year <u>1957</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 4, 1872</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>03</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>00</u> Min. <u>00</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Barnesville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Daniel L. Momyer</u>	13b. MOTHER'S MAIDEN NAME <u>Isabelli Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Susan Momyer</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Susan Momyer</u>	Address <u>Winston, Mo.</u>
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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) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic heart disease</u>	<u>3 years</u>
	DUE TO (c) <u>Benign prostatic hypertrophy</u>	<u>3 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>610X</u>		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.)
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20c. TIME OF INJURY Hour <u>3:30</u> Month, Day, Year <u>May 28, 1957</u> a.m. <u>A</u> p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>St. Joseph, Missouri</u>	COUNTY <u>MO</u>	STATE <u>MO</u>
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21. I attended the deceased from <u>May 28, 1957</u> to <u>June 26, 1957</u> and last saw her alive on <u>June 26, 1957</u> Death occurred at <u>3:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Robert L. Warr</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>St. Joseph, Missouri</u>	22c. DATE SIGNED <u>6/27/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JUNE 29-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LATHROP CEMETERY LATHROP MO</u>	23d. LOCATION (City, town, or county) (State) <u>MO</u>
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24. FUNERAL DIRECTOR <u>DeMOSS CRUNK CAMERON MO</u>	ADDRESS <u>MO</u>	25. DATE RECD. BY LOCAL REG. <u>July 8, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James W. Larson*

Licensed Embalmer No. *4589*

P. O. Address *Lathrop, Mo.*

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.