No. 300
10-48

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

FILED AUG 2 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24996 -

State File No.

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5073 Registrar's No. 1020

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Sni A Bar
c. LENGTH OF STAY (In this place): 4yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake Tapiwingo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN: Blue Springs
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Lake Tapiwingo 7000

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): Ruth
c. (Last): Myers

4. DATE OF DEATH (Month) (Day) (Year): July-18-57

5. SEX: Fm
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 16 1892
9. AGE (In years last birthday): 64 — 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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Cillicotha Mo
12. CITIZEN OF WHAT COUNTRY?: Usa

13a. FATHER'S NAME: Alexander Donaldson
13b. MOTHER'S MAIDEN NAME: La Cresa Lewis
14. NAME OF HUSBAND OR WIFE: Wm L Mrers

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: 395-16-~~1842~~ 2945
17. INFORMANT'S SIGNATURE OR NAME: Wm L Myers — ADDRESS: Blue Springs Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Occlusion
DUE TO (c): Diabetes: Senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 260X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 18, 1957, *to* July 18, 1957, *that I last saw the deceased alive on* 11:45, 1957, *and that death occurred at* 11:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE: James H. Via — (Degree or title): DO
23b. ADDRESS: Blue Spring MO
23c. DATE SIGNED: 7-18-1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 21 1957
24c. NAME OF CEMETERY OR CREMATORY: Blue Springs
24d. LOCATION (City, town, or county) (State): Blue Springs Mo

DATE REC'D BY LOCAL REG.: 7-21-1957
REGISTRAR'S SIGNATURE: N. B. Langford
25. FUNERAL DIRECTOR'S SIGNATURE: Webb Funeral Home — ADDRESS: Blue Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 30 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed RBWebb

Licensed Embalmer No. 235

P. O. Address Blue Springs

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