Health, Welfare Public Service

300 1-57 4

FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005742 STATE FILE NUMBER 969

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION 3522 WALNUT ST. — Length of stay in 1b 44 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 1102 W. 40TH STREET (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Alby Middle: R. Last: Myers

4. DATE OF DEATH Month: Feb. Day: 19 Year: 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: April 21 - 1881
9. AGE (In years last birthday): 76 — 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): Cabinet Maker - Self Employed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Nebraska City, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Myers
13b. MOTHER'S MAIDEN NAME: Ada Thomas
14. NAME OF ~~HUSBAND OR~~ WIFE: Mary H. 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.: None
17. INFORMANT: Mrs. Mary H. Myers, Address: 1102 W. 40th St. K.C. Mo.

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) Adenocarcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 18 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) — 177.8
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Cardiac disease
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 1956, to Feb. 19, 1958 and last saw him alive on Feb. 14, 1958. Death occurred at 11:20 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John R. Whiteman (Degree or title) MD
22b. ADDRESS 6314 Brookside Plaza
22c. DATE SIGNED 2-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 22. 1958
23c. NAME OF CEMETERY OR ~~CREMATORY~~: Forest Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR: D.W. Newcomers Sons, ADDRESS: 1337 Brush Creek, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 2-22-58
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

John R. Whiteman

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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K.C. 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.