

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011044
STATE FILE NUMBER

FILED APR 3 1958

Registration District No. 280 Primary Registration District No. 4416 Registrar's No. 18

300
-57
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1. PLACE OF DEATH a. COUNTY <u>Platte</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u> c. CITY OR TOWN <u>Platte City</u> Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Platte City, Kansas</u>		c. CITY OR TOWN <u>Platte City</u>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>So 4th St</u>		Length of stay in lb <u>20 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>So 4th St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Arista</u> Middle <u>Don</u> Last <u>Myers</u>			4. DATE OF DEATH Month <u>Mar</u> Day <u>27</u> Year <u>1958</u>		
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>Dec 3, 1892</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>dealer - Self</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo</u>	
10c. CITIZEN OF WHAT COUNTRY? <u>Mo</u>		13a. FATHER'S NAME <u>Arista Don Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Jarphus Cook</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>496-16-1353</u>		16. SOCIAL SECURITY NO. <u>496-16-1353</u>	
17. INFORMANT <u>Thelma L. Myers</u>		Address <u>Platte City, Mo</u>			
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>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ASHD & generalized AS</u>				<u>years</u>	
DUE TO (c) <u>lipidosis mellitus</u>				<u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>26ix</u>				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.)		
20c. TIME OF INJURY Hour <u>1947</u> Month <u>3/27/58</u> Day, Year <u>1958</u>					
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	
21. I attended the deceased from <u>Platte City, Mo</u> to <u>3/27/58</u> and last saw him alive on <u>3/27/58</u>		Death occurred at <u>Platte City, Mo</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Draped as title) <u>Thelma L. Myers</u>		22b. ADDRESS <u>Platte City, Mo</u>		22c. DATE SIGNED <u>3/27/58</u>	
23a. BURIAL, CREMATION, REMOVAL (specify) <u>Mar. 29-58</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>Platte City</u>	
23d. LOCATION (City, town, or county) <u>Platte City</u>		(State)			
24. FUNERAL DIRECTOR <u>Leland H. Francis</u>		ADDRESS <u>Parkhill</u>		25. DATE RECD. BY LOCAL REG. <u>Mar-28-1958</u>	
26. REGISTRAR'S SIGNATURE <u>Alpha Robbins</u>					

-USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Leland H. Francis*

Licensed Embalmer No. *3451*

P. O. Address *Parkville*

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.