. Health,
& Welfare
. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025698

STATE FILE NUMBER 3244

FILED JUL 25 1958

Registration District No. 149 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4455 PENNSYLVANIA AVE. — Length of stay in 1b 28 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 [X] No [ ]
d. STREET ADDRESS (If outside, give location) 4455 PENNSYLVANIA — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First WILLIAM Middle D. Last MYERS

4. DATE OF DEATH Month Day Year JUNE 30 1958

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Nov. 8, 1865
9. AGE (In years last birthday) 92 — 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) RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (City and state or country) INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME COFFEY MYERS
13b. MOTHER'S MAIDEN NAME ANGELINE
14. NAME OF HUSBAND OR WIFE Allie Myers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address EVA MYERS. 4455 PENNSYLVANIA, 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) Generalized arterio-sclerosis — INTERVAL BETWEEN ONSET AND DEATH 6½ years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) — 4500
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Atopic dermatitis - 10 years -
19. WAS AUTOPSY PERFORMED? YES [X] 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 29 June 1958, to 30 June 1958 and last saw her/him alive on 30 June 1958
Death occurred at 2:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Blaine Z Hibbard MD
22b. ADDRESS 411 Nichols RD. K.C. Mo
22c. DATE SIGNED 30 Jun 58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE July 2, 1958
23c. NAME OF CEMETERY OR CREMATORY INGALLS CEMETERY
23d. LOCATION (City, town, or county) (State) INGALLS OKLAHOMA

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS — ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.
25. DATE RECD. BY LOCAL REG. 7-1-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Blaine Z. Hibbard

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 .....

Licensed Embalmer No. 4421

P. O. Address Kansas Cit

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.