

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032876

STATE FILE NUMBER

4552

DECEASED: DUCT 15 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4552

S. 300
-1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Colonial Nursing		Length of stay in lb 20 Yrs.	d. STREET ADDRESS 213 East 33rd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle Last MYERS			4. DATE OF DEATH Month Sept. Day 25, Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-24-1873	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Scotland 4	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Archibald Murray		13b. MOTHER'S MAIDEN NAME Agnes Williamson		14. NAME OF HUSBAND OR WIFE Alfred Lynn Myers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. W. G. Herschberger Merriam, Kansas		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arterio-sclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH ? yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) advanced arterio-sclerosis					? yrs
DUE TO (c) advanced age.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4750					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 Month, Day, Year a.m. 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 COUNTY STATE	
21. I attended the deceased from Sept 11, 1958 , to Sept 25, 1958 and last saw her alive on Sept 25, 1958 Death occurred at 5:55 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. Paul Wright (Degree or title) M.D.		22b. ADDRESS Kansas City, Mo. 64113		22c. DATE SIGNED Sept. 26, 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-27-58		23c. NAME OF CEMETERY OR CREMATORY —	
23d. LOCATION (City, town, or county) (State) Humansville, Missouri					
24. FUNERAL DIRECTOR Freeman Mortuary ADDRESS Kansas City, Mo 1		25. DATE RECD. BY LOCAL REG. 9-26-58		26. REGISTRAR'S SIGNATURE Neva Minshel	

(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
MEDICAL CERTIFICATION
R. Paul Wright

1327
1-5
Prof. Kelly

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 *J. D. Freeman*

Licensed Embalmer No. 293
P. O. Address H. O. T.

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.