

Health,
Welfare
Public
Service

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-56

Reasons in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039805

STATE FILE NUMBER

90178-58

FILED NOV 24 1958

Registration District No. 149

Primary Registration District No. 1007

Registrar's 5359

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY REMO			
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 HUTCHINSON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes			Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) 1909 CONE			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last STEVEN WAYNE MYERS				4. DATE OF DEATH Month Day Year 11-8-58			
5. SEX MALE	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-6-58		9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months Days Hours Min. 2 27 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas City Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME DAVID CHARLES MYERS				14. MOTHER'S MAIDEN NAME MARILYN JEAN THORNGREN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs David C. Myers 1909 Cone Hutchinson Ks			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity wt 2 nd 2y Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 48 hr 76 hr
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 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		CITY COUNTY STATE	
21. I attended the deceased from 11/6/58 to 11/8/58 and last saw her/him alive on 11/8/58 Death occurred at 4:59 AM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Clark W. Seely MD				22b. ADDRESS 444 Nichols Rd.		22c. DATE SIGNED 11/8/58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11-8-58	23c. NAME OF CEMETERY OR CREMATORY St. - Lutheran Hosp. Kansas City, Mo.		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR St. Lukes Hosp. K.C. Mo.			25. DATE RECD. BY LOCAL REG. 11-12-58		25. REGISTRAR'S SIGNATURE neve - Trinsall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Clark W. Seely



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John S. King, M.D.

Licensed Embalmer No.....

P. O. Address *St. Louis*
K.C., Mo

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