

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040572

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 172 Primary Registration District No. 4269 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Corder, Missouri		c. CITY OR TOWN Corder, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Home of daughter		d. STREET ADDRESS (If outside, give location) Home of daughter	
3. NAME OF DECEASED (Type or print) Lelia Box Myer		4. DATE OF DEATH Month II Day 28 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 Jan. 4, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Henry County, Missouri
13a. FATHER'S NAME William P. Box		13b. MOTHER'S MAIDEN NAME Catherine Sanders	14. NAME OF HUSBAND OR WIFE Harry W. Myer (deceased)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Lee Daugherty
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 1 WK	
DUE TO (b) ARTERIOLAR Nephrosclerosis		DK	
DUE TO (c) ARTERIOSCLEROSIS 442X		DK.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) Decompensated Hypertensive Heart Disease			19. 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 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 Oct. 13, 1958, to Nov. 28, 1958 and last saw her alive on Nov. 22, 1958 Death occurred at 3:50 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edwin Wilson, D.O.		22b. ADDRESS 1815 Main Nigginsville, Mo.	
22c. DATE SIGNED 11/29/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE II-28-1958	23c. NAME OF CEMETERY OR CREMATORY Robinson Cemetery	23d. LOCATION (City, town, or county) Weaubleau Missouri
24. FUNERAL DIRECTOR F. A. Hoefler		25. DATE RECD. BY LOCAL REG. Dec. 4-58	26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

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 Forrest R. Hooper

Licensed Embalmer No....480I.....  
P. O. Address Higginville, 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.