

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043211

STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 32

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rich Hill</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rich Hill</u> <sup>0070</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3rd. &amp; Chestnut</u>		Length of stay in lb <u>3 weeks</u>	d. STREET ADDRESS (If outside, give location) <u>3rd. &amp; Chestnut St</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>BYRON</u> Middle <u>LEMOINE</u> Last <u>MYERLEY</u>			4. DATE OF DEATH Month <u>December</u> Day <u>17</u> Year <u>1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>February 17 1908</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retail merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retail-Jewelry</u>	11. BIRTHPLACE (City and state or country) <u>Rich Hill, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William G. Myerley</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Storer</u>	14. NAME OF HUSBAND OR WIFE <u>Kathlene Myerley</u>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>495-01-9742</u>	17. INFORMANT <u>Mrs Kathlene Myerley-Rich Hill, Mo.</u>	Address
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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>uremic poisoning</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Glomerulo-nephritis</u>	<u>2 1/2 yrs.</u>
	DUE TO (c) <u>Diabetes</u>	<u>12 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>260X</u>		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.) <u>260X</u>
20c. TIME OF INJURY Hour <u>12:40</u> Month, Day, Year <u>7. Dec 1958</u> 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 <u>Rich Hill, Mo.</u>	COUNTY <u>Missouri</u>	STATE
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21. I attended the deceased from Oct 1957 to Dec 1958 and last saw her/him alive on Dec 17, 1958  
Death occurred at 12:40 7. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Thomas F. Boyd D.O.</u>	22b. ADDRESS <u>Rich Hill, Mo.</u>	22c. DATE SIGNED <u>12-19-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12/19/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Rich Hill, Missouri</u>
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24. FUNERAL DIRECTOR <u>Hooth Funeral Serv. Rich Hill, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Dec. 19, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *John G. Underwood* .....  
Licensed Embalmer No. *3585* .....  
P. O. Address *Butler* .....

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.