THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002506
STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Moberly — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Community Memorial — Length of stay in 1b: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Randolph
c. CITY OR TOWN: Moberly — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 209½ W. Coates St. — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: LOLA Middle: OLIVER Last: MYERS

4. DATE OF DEATH: Month: JAN. Day: 7 Year: 1959

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 6, 1879
9. AGE (In years last birthday): 79 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Randolph County Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Isaac Keiter
13b. MOTHER'S MAIDEN NAME: Frances Light
14. NAME OF HUSBAND OR WIFE: David Myers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: David Myers Address: Moberly

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) Septic & Chronic Purulent Bronchitis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Parkinson's Disease and Inanination — Unknown
DUE TO (c) Cerebral Arteriosclerosis — Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 334 X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Jan. 2, 1959, to Jan. 7, 1959 and last saw her alive on Jan. 6, 1959
Death occurred at 3:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Benj. S. Jolly M.D. (Degree or title) 2
22b. ADDRESS: 203½ North Clark, Moberly, Mo.
22c. DATE SIGNED: 1-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 9, 1959
23c. NAME OF CEMETERY OR CREMATORY: Oakland
23d. LOCATION (City, town, or county) (State): Moberly Missouri

24. FUNERAL DIRECTOR: Mahan Funeral Service ADDRESS: Moberly
25. DATE RECD. BY LOCAL REG.: 1-9-59
26. REGISTRAR'S SIGNATURE: [signature]

(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 A. Geller

Licensed Embalmer No. 7815

P. O. Address Moberly, 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.