

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016668

STATE FILE NUMBER

FILED JUN 1 1959

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 15

100
-57

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Monett	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent Hosp.		d. STREET ADDRESS 615 9th St.	
3. NAME OF DECEASED (Type or print) ALICE TAYLOR MYERS		4. DATE OF DEATH May 14, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 17, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		11. BIRTHPLACE (City and state or country) Aquila, Alabama	
13a. FATHER'S NAME Henry F. Taylor		14. NAME OF HUSBAND OR WIFE Robert Lee Myers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address Kan. Miss. Stella Taylor, Levenworth, K	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Quenterulitis & Peritonitis DUE TO (b) Ruptured Colon & diverticulum DUE TO (c) 5721		INTERVAL BETWEEN ONSET AND DEATH 3 wks.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a). Rheumatoid arthritis - Ben Arteriosclerosis		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 12-3-59 to 5-14-59 and last saw her alive on 5-14-59 Death occurred at 12:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) A. J. Edwards M.D.	
22b. ADDRESS Monett, Mo.		22c. DATE SIGNED 5-18-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/16/59	
23c. NAME OF CEMETERY OR CREMATORY Sinking Creek Cem.		23d. LOCATION (City, town, or country) (State) Dade County, Missouri	
24. FUNERAL DIRECTOR J. D. Buchanan		25. DATE RECD. BY LOCAL REG. 5-17-59	
ADDRESS Monett, Mo.		26. REGISTRAR'S SIGNATURE Mr P. N. Cook	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DATE REC. 5-8-57

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 *J. P. Burkman* Licensed Embalmer No. 3179

P. O. Address: Monett, 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.