

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 2 2 2

FILED VS DEC 28 1959 Primary Registration District No. _____ Registrar's No. 387 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clay Twnp.		Length of stay in 1b Years	c. CITY OR TOWN Greentop
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD 3 Greentop		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD 3
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle D. Last MYERS			4. DATE OF DEATH Month Dec. Day 20 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIAGE STATUS <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	8. DATE OF BIRTH 11/15/28	9. AGE (last birthday) 31	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid		10b. KIND OF BUSINESS OR INDUSTRY Invalid	11. BIRTHPLACE (City and state or country) Kirksville, Mo.	12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME Harry E. Myers		13b. MOTHER'S MAIDEN NAME Bertha B. Martin		14. NAME OF HUSBAND OR WIFE -----	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Harry Myers, Rt. 3, Greentop, Mo.	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:		INTERVAL BETWEEN ONSET AND DEATH 2 days. Life
IMMEDIATE CAUSE (a) Broncho-pneumonia		
DUE TO (b) Congenital Spastic Paraplegia		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 _____ a.m. _____ p.m. Month, Day, Year _____		

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 Kirksville, Mo.	COUNTY Adair	STATE Mo.
21. I attended the deceased from <u>June 17, 1946</u> to <u>Dec. 20, 1959</u> and last saw him alive on <u>Nov. 5, 1959</u> Death occurred at <u>7:30 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Howard E. Gross, M.D.		(Degree or title)	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED Dec. 21, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/22/59	23c. NAME OF CEMETERY OR REPOSITORY Willmathsville	23d. LOCATION (City, town, or county) Adair, Co. Mo.	
24. FUNERAL DIRECTOR Nova E. Foster, Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 12-22-1959	26. REGISTRAR'S SIGNATURE Dora W. Ratliff	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

HOWARD E. GROSS, D.O.

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 *Nova E. Foster*
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, 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.