

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 44486 59-544-485

FILED VS JAN - 5 1960/56

Registration District No. _____ Primary Registration District No. 2001 Registrar's No. 620 STATE FILE NUMBER _____

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b ALWAYS	c. CITY OR TOWN JOPLIN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1727 MISSOURI AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE WOODROW "WOODY" MYERS			4. DATE OF DEATH Month Day Year DECEMBER 27, 1959			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-19-1912	9. AGE (last birthday) 47	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER-INSULATION		10b. KIND OF BUSINESS OR INDUSTRY DEPT- EAGLE-PICHER CO.		11. BIRTHPLACE (City and state or country) JOPLIN, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME GEORGE S. MYERS		13b. MOTHER'S MAIDEN NAME ELIZABETH FARLEY		14. NAME OF HUSBAND OR WIFE VERNA MYERS		
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. UNK		17. INFORMANT Address MRS. VERNA MYERS, 1727 MISSOURI AVE		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Lung Lung c Bronchial Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	

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	
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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 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	COUNTY	STATE
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21. I attended the deceased from **June 1955** to **12-27-59** and last saw ^{her}him alive on **12-26-59**
Death occurred at **8:15 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Signed or title) <i>Doyle Merriam</i>	22b. ADDRESS 2125 Jackson St Jo Pln Mo	22c. DATE SIGNED 12-29-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-30-59	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK, JOPLIN, MISSOURI	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	25. DATE RECD. BY LOCAL REG. 12-30-1959	26. REGISTRAR'S SIGNATURE <i>Doyle Merriam</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS
AUG 16 1960

FEB 11 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.