

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011537

FILED VS APR 5 1960

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 62

STATE FILE NUMBER

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

3. NAME OF DECEASED (Type or print) First <u>Viola</u> Middle <u>Mae</u> Last <u>Myers</u>			4. DATE OF DEATH Month <u>March</u> Day <u>26</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/6/1880</u>	9. AGE (last birthday) <u>79</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Newton Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Calvin West Smith</u>		13b. MOTHER'S MAIDEN NAME <u>No Data</u>		14. NAME OF HUSBAND OR WIFE <u>No Data</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.	17. INFORMANT Address <u>Harry A. Munson, Joplin, Mo.</u>			

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>Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Hours</u>
DUE TO (b) <u>myocarditis</u>		UNKNOWN
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 checked="" 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 <u>1:30 p.m.</u> 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 COUNTY STATE

21. I attended the deceased from Nov. 3-59 to MAR. 26-60 and last saw her him alive on 3-26-60
Death occurred at 1:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Glen R. Only, D.O.</u> (Degree or title)	22b. ADDRESS <u>Alba - Mo</u>	22c. DATE SIGNED <u>3-28-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/29/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hornet Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Hornet, Mo.</u>
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24. FUNERAL DIRECTOR <u>Hedge-Lewis Funeral Home</u> ADDRESS <u>Webb City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-28-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

APR 27 1960

STATEMENT BY LICENSED EMBALMER

APR 7 1960

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 Richard Troy Lewis

Licensed Embalmer No. 4485

P. O. Address Webb City

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.