

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

52-61-021589 STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5312 Registrar's No. 52-61-021589

FILED JUL 5 1961

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PRAIRIE TOWNSHIP</b>		Length of stay in 1b <b>5 yrs</b>	c. CITY OR TOWN <b>Jackson County Home</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jackson County Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>rr 3 K. Mo.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIAM HENRY MYERS</b>			4. DATE OF DEATH Month Day Year <b>June 21 1961</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>April 29 1874</b>	9. AGE (last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>doctor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>medical</b>		11. BIRTHPLACE (City and state or country) <b>Russellville Ky</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Hospital records J C Home</b>
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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: IMMEDIATE CAUSE (a) <b>Chronic nephritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>
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

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.	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 <b>June 21st 1961</b>	COUNTY <b>KX</b>	STATE <b>June 21st 1961</b>
21. I attended the deceased from <b>April 1st 1960</b> to <b>June 21st 1961</b> and last saw him alive on <b>June 21st 1961</b> . Death occurred at <b>3 pm June 21st 1961</b> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>S. H. Griffin M.D.</i>	(Degree or title)	22b. ADDRESS <b>2621 E. 27th St N.E. Mo</b>	22c. DATE SIGNED <b>6-23-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>University of Kansas City, Kansas City, Mo.</b>	23b. DATE <b>6 24 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>University of Kansas City, Kansas City, Mo.</b>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <b>C. K. Kerford Funeral Home K0 Mo.</b>	ADDRESS <b>6-23-1961</b>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <i>N. B. Longford</i>

AMENDED  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 *C. Hammett Reynolds*

Licensed Embalmer No. 4497

P. O. Address *Keokuk*

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.