MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER: 4206 -61-029519

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4206

FILED SEP 8 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 17 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2641 FOREST AVENUE MARGARET KATHRYN N.H. — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [XX] No [ ]
d. STREET ADDRESS (If outside, give location): 3716 ~~FOREST~~ LOCUST STREET AVENUE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First GRACE — Middle BLANCHE — Last MYERS
4. DATE OF DEATH: Month AUGUST — Day 21 — Year 1961
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married [ ] Never Married [XX] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 2/2/1881
9. AGE (last birthday): 80 — 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): SCHOOL TEACHER
10b. KIND OF BUSINESS OR INDUSTRY: SCHOOLS FOR THE DEAF
11. BIRTHPLACE (City and state or country): Davis Cty. Indiana
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: William H. MYERS
13b. MOTHER'S MAIDEN NAME: Margaret E. Prewitt
14. NAME OF HUSBAND OR WIFE: --
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: —
17. INFORMANT: W H Myers — Address: 3716 ~~FOREST~~ LOCUST AVENUE KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension — 10 yrs.
DUE TO (c): Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT: NO — SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [X] NO
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 June 1, 1960 to Aug 21, 1961 and last saw him alive on Aug 21, 1961
Death occurred at 7:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M B Casebolt MD
22b. ADDRESS: 4000 Baltimore Kansas City, MO
22c. DATE SIGNED: 8/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
23b. DATE: AUG. 23, '61
23c. NAME OF CEMETERY OR CREMATORY: D. W. NEWCOMER'S SONS
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR: D.W.NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CR. KANSAS CITY MO.
25. DATE RECD. BY LOCAL REG.: 8-23-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

M. B. Casebolt

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 Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep. Me

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.