

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002445

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 3

AMENDED

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY Knox			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 2 mi NE of Newark		Length of stay in lb 2 1/2 yr	c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Asher Smith Home			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Lizzie Middle F. Last Myers			4. DATE OF DEATH Month Feb Day 3 Year 1962			
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 26 Dec 1876	9. AGE (last birthday) 85	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) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Knox County	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James G. Rouner		13b. MOTHER'S MAIDEN NAME Catherine Pickett		14. NAME OF HUSBAND OR WIFE Chas. Q. Myers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. nohe	17. INFORMANT Mrs. H. Lee Angus Niantic, Ill Address			
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	
IMMEDIATE CAUSE (a) acute myocarditis					5 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) upper respiratory infection					10 days	
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility				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 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	COUNTY STATE	
21. I attended the deceased from 2/6/1962 to Feb 3, 1962 and last saw her alive on Feb 2, 1962 Death occurred at 8:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Naldo B. Isom, M.D. (Degree or title)			22b. ADDRESS Knox City Mo		22c. DATE SIGNED 2/5/62 (State) Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5 Feb 1962	23c. NAME OF CEMETERY OR CREMATORY Bee Ridge Cemetery	23d. LOCATION (City, town, or county) Knox County			
24. FUNERAL DIRECTOR'S ADDRESS Hudson-Risher Funeral Home Edina, Missouri		25. DATE RECD. BY LOCAL REG. Feb 8 - 1962	26. REGISTRAR'S SIGNATURE Neil S. Hummel			

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 15 1962

Asper Smith Home
23 W. of Lewis

FEB 23 1962

DECEASED

housewife

James G. Bowen

Catharine Tackett

Knox County

MA

Chas. C. Myers

none

Mrs. H. Lee Adams

Identical, 113

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 _____

ARR

Licensed Embalmer No. 5041

P. O. Address Edina, 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.

DECEASED

Embalmed