

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-038873

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5331

FILED NOV 1 1962

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Rev. 4/59

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DATE AMENDED  
12/12/62  
12/12/62  
12/12/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

10a Farming and Pipefitting  
13a, b Morris Myrick Sr., Anna Herthorn Newton & Unknown  
16 Unknown

SHOULD READ

10a Farming and Pipefitting  
13a, b Morris Myrick Sr., Anna Herthorn Newton & Unknown  
16 552-26-6917

BY AFFIDAVIT OF Informant

U. Kealhofer

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Bourbon</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>S.O.C.</u>	c. CITY OR TOWN <u>Mapleton</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Saint Lukes Hospital</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 type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Newton</u> Middle <u>G.</u> Last <u>Myrick</u>			4. DATE OF DEATH Month <u>October</u> Day <u>18</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-11-1905</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming and Pipefitting</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (City and state or country) <u>Mapleton Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Morris Newton Myrick, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown - Anna Henthorn</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lulu Myrick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>  </u>		
17. INFORMANT <u>Mrs. Lulu Myrick Mapleton, Kansas</u>			Address		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock + Hemorrhage resulting from multiple fractures of Pelvis, ruptured bladder</u> DUE TO (b) <u>fracture of Right thigh + dislocation of right hip</u> DUE TO (c) <u>  </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Value below off pipe throwing her</u>			
20c. TIME OF INJURY Hour <u>11:00</u> a.m. Month, Day, Year <u>10-18-62</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Poplar</u>		20f. CITY, TOWN, OR LOCATION <u>Lewisburg</u>		COUNTY <u>Boon</u> STATE <u>Kans</u>	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <u>The Coroner</u>			22b. ADDRESS <u>662 1/2 S. 1st St</u>		22c. DATE SIGNED <u>10-18-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-21-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mapleton, Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mapleton, Kansas</u>
24. FUNERAL DIRECTOR <u>Stine &amp; McClure Kansas City, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>10-19-62</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

NOV 8 1962

**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 Richard L. Powers

Licensed Embalmer No. 5190

P. O. Address Kansas City, 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.

J. VIII