

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045775

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. — Registrar's No. 413

FILED JAN 7 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Adair		a. STATE Mo.	b. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greentop		c. CITY OR TOWN Greentop	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Length of stay in 1b 59 years		d. STREET ADDRESS (If outside, give location) RFD # 3	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home- RFD # 3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First MARTHA	Middle ANN	Last MYERS	Month December	Day 30	Year 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-16-1874	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months 1 Days 14	IF UNDER 24 HR Hours 14 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (City and state or country) Bowen, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Daniel Barger		13b. MOTHER'S MAIDEN NAME Martha Willard		14. NAME OF HUSBAND OR WIFE A.C. Myers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Paul Myers RFD 3 Greentop, Mo.		

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) Coronary Thrombosis			Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) arterio-sclerotic heart disease			8 yrs.
DUE TO (c) Generalized arterio-sclerosis			30 yrs.
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. 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 **May 10, 1946** to **Dec. 30, 1962** and last saw her ^{her} ~~live~~ ^{live} on **Dec. 10, 1962**
Death occurred at **App. 2:30 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Howard E. Gross, D.O.	(Degree or title)	22b. ADDRESS Kirkville, Mo.	22c. DATE SIGNED 12-31-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-2-63	23c. NAME OF CEMETERY OR CREMATORY Fort Madison	23d. LOCATION (City, town, or county) (State) Adair County, Mo.

24. FUNERAL DIRECTOR Dee Riley Funeral Home, Inc. 415 North Franklin Kirkville, Missouri	ADDRESS W.K. Jackson	25. DATE RECD. BY LOCAL REG. 1-2-1963	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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(Licensed Embalmer's Statement on Reverse Side)

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued Jan 3, 1963

HOWARD E. CROSS, D.D.

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 Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirkville, 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.