

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 24 1950

State File No. 23910

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5628 Registrar's No. 315

1. PLACE OF DEATH a. COUNTY <i>Laclede</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <i>mo</i> b. COUNTY <i>Laclede</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>Rural Yreconodite</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Yreconodite, S.</i>	
c. LENGTH OF STAY (In this place) <i>30 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>Falcon mo 0530</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Falcon mo</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>WILLIAM C.</i> b. (Middle) <i>Myers.</i> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>July 15 1950</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>unmarried</i>	8. DATE OF BIRTH <i>Sept. 7 1880</i>		9. AGE (In years last birthday) <i>69</i> if under 1 year: Months _____ Days _____ if under 4 hrs: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>		11. BIRTHPLACE (State or foreign country) <i>Pulaski Co</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					

13a. FATHER'S NAME <i>Geo W. Myers</i>		13b. MOTHER'S MAIDEN NAME <i>Frances Barnes</i>		14. NAME OF HUSBAND OR WIFE <i>May Boyd</i>	
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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <i>Howard Myers</i> ADDRESS <i>717 1/2 E. 11th Kansas City mo.</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary heart disease</i>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <i>2 mos.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-5*, 1950, to *7/15*, 1950, that I last saw the deceased alive on *7-15, 1950*, and that death occurred at *8:00 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. C. Cunningham, M.D.</i> (Degree or title)		23b. ADDRESS <i>Lebanon mo</i>		23c. DATE SIGNED <i>7-17-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>7/18/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Cross Roads</i>	24d. LOCATION (City, town, or county) (State) <i>Laclede Co mo</i>		
DATE REC'D BY LOCAL REG. <i>7-18-1950</i>	REGISTRAR'S SIGNATURE <i>Hella L. May</i>	424 25. FUNERAL DIRECTOR'S SIGNATURE <i>Palmer</i> ADDRESS <i>Lebanon mo</i>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 22 1950

Received

Laclede County Health Unit

File No. 7-50-115

Date Filed JUL 22 1950

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 Student Embalmer

Signed S.P. Palmer

Licensed Embalmer No. 2208

P. O. Address Kansas 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 this body is not embalmed, fact should be so stated above.