

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40901

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5438

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 6 yrs.		d. STREET ADDRESS (If rural, give location) 3218 Bellefontaine	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3218 Bellefontaine			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) THOMAS	b. (Middle) ALLEN	c. (Last) MYERS	(Month) Dec.	(Day) 25	(Year) 1950			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-27-78	9. AGE (In years last birthday) 72	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 1 YEAR Days 0	12. IF UNDER 1 HR. Hours 0	13. IF UNDER 1 HR. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dairyman		10b. KIND OF BUSINESS OR INDUSTRY Country Club Dairy		11. BIRTHPLACE (State or foreign country) Sikeston, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Thomas Myers		13b. MOTHER'S MAIDEN NAME Elizabeth Morrison		14. NAME OF HUSBAND OR WIFE Carrie A. Myers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 486-12-9958		17. INFORMANT'S SIGNATURE OR NAME Mrs. Carrie A. Myers, 3218 Bellefontaine, KC, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 2 HRS.	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) CORONARY SCLEROSIS		4 YRS	
		DUE TO (c) GENERALIZED ART. SCLEROSIS		10 YRS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	

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) None		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)		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 Dec, 1948 to 25 Dec, 1950, that I last saw the deceased alive on 25 Dec, 1950, and that death occurred at 4:30 PM, from the causes and on the date stated above.

23a. SIGNATURE James W. Downey (Deceased or title) James W. Downey M.D.		23b. ADDRESS 800 ARGYLE BLDG - KC, Mo.		23c. DATE SIGNED 25 Dec 50	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-50		24c. NAME OF CEMETERY OR CREMATORY Mount Moriah	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri					

DATE REC'D BY LOCAL REG. 12-26-50		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Glenn E. Heck

Signed.....
Student Embalmer

Licensed Embalmer No. 4063

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 this body is not embalmed, fact should be so stated above.