S. No. 300
v. 10.48

FILED MAY 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15875

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 53

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0

1. PLACE OF DEATH
a. COUNTY ~~Ray~~ CARROLL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CARROLLTON
c. LENGTH OF STAY (in this place) 10 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ATWOOD HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY RAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HARDIN 0890
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)
a. (First) DORIS b. (Middle) DRUANNE c. (Last) MYERS

4. DATE OF DEATH (Month) (Day) (Year) MAY 14, 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 0
8. DATE OF BIRTH MARCH 31, 1925
9. AGE (In years last birthday) 26 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME D. A. MYERS
13b. MOTHER'S MAIDEN NAME MAY BROUGHTON
14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME May Myers ADDRESS Hardin 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH 10 years

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 201X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1941, to May 14, 1951, that I last saw the deceased alive on May 14, 1951, and that death occurred at 10 10 P m., from the causes and on the date stated above.*

23a. SIGNATURE Carl H Reed MD. (Degree or title)
23b. ADDRESS Carrollton Mo
23c. DATE SIGNED 5-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 16, 1951
24c. NAME OF CEMETERY OR CREMATORY Hardin Cemetery
24d. LOCATION (City, town, or county) Hardin (State) Mo.

DATE REC'D BY LOCAL REG. 5/23/51
REGISTRAR'S SIGNATURE Mr Herbert L Calvert 45
25. FUNERAL DIRECTOR'S SIGNATURE Knipschild & Borcherding ADDRESS Hardin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 24 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 August Borchending

Licensed Embalmer No. 4678

P. O. Address Hardin 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.