

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

115

State File No. ....

FILED JAN 24 1952

BIRTH NO. _____		REG. DIST. NO. <u>14</u>		PRIMARY REG. DIST. NO. <u>5064</u>		Registrar's No. <u>3</u>			
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oshalossa</u>		c. LENGTH OF STAY (in this place) <u>60 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oshalossa - Leroy Township</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oshalossa, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>8060</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>J</u> c. (Last) <u>MYERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 11 1952</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-21-1873</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Marshall Myers</u>		13b. MOTHER'S MAIDEN NAME <u>Hanna Lapp</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Myers</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Myers Oshalossa, Mo</u>				ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>6</u>		19b. MAJOR FINDINGS OF OPERATION <u>0</u>						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) <u>0 0 0 0</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>					
22. I hereby certify that I attended the deceased from <u>1/9</u> , 19 <u>52</u> , to <u>1/9</u> , 19 <u>52</u> that I last saw the deceased alive on <u>1/9</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. L. Eddleman M.D.</u> (Degree or title)				23b. ADDRESS <u>Liberal Mo.</u>		23c. DATE SIGNED <u>1/14/52</u>			
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-14-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wardley</u>		24d. LOCATION (City, town, or county) (State) <u>Arcadia R.F.D. 11 Mo</u>				
DATE REC'D BY LOCAL REG. <u>Jan 18 1952</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. T. Mooneyhan</u>		ADDRESS <u>Arcadia</u>			

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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 \_\_\_\_\_

*my self*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *St. T. Moonahan*

Licensed Embalmer No. *3616*

P. O. Address *Creedie, Kans*

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.