

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dn 155500

No. 300
10.48

FILED FEB 24 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield,</u>	
c. LENGTH OF STAY (in this place) <u>21 days</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1183 Maryland</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Dortha</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Myers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 16, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 23, 1913</u>	9. AGE (In years last birthday) <u>39</u> IF UNDER 1 YEAR (Month) (Day) (Year) <u>10 23</u> IF UNDER 12 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>In Home</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Clyde E. Stewart</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Lora A. Myers</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Lora A. Myers</u> ADDRESS <u>Springfield,</u>
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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) <u>Pneumonia Stomach with</u>		MEDICAL CERTIFICATION <u>Mo.</u> INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>McLester</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>			

19a. DATE OF OPERATION <u>1-24-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Pneumonia stomach & metastases</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 13, 1953, to Feb. 16, 1953, that I last saw the deceased alive on Feb 16, 1953, and that death occurred at 2:50 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Don J. Goss</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Professional Bldg.</u>	23c. DATE SIGNED <u>2-16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 18, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-17-53</u>	REGISTRAR'S SIGNATURE <u>Earl Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gorman-Scharof</u> ADDRESS <u>Springfield, Missouri</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

JUL 6 1953

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 *Lewis D. Schorff*

Licensed Embalmer No. *3802*

P. O. Address *Springfield*

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.