

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16059

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1832

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY OR TOWN <b>Kansas City, Mo.</b>		c. CITY OR TOWN <b>Pleasant Hill</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>516 N. Independence St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Earl</b> b. (Middle) <b>Bailey</b> c. (Last) <b>Myers</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 21, 54</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug 26, 1899</b>
9. AGE (In years last birthday) <b>54</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Near Pleasant Hill, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jacobe Myers</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Bailey</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Hazel Myers</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>486-09-4292</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Hazel Myers</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of colon perforated &amp; resected</b> DUE TO (c) <b>9.23.53</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>9.23.53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma colon</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		153X	
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 <u>4-7-54</u> to <u>4-21</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-21</u> , 19 <u>54</u> , and that death occurred at <u>4:45 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>R. B. Coffey</b> <i>R. B. Coffey MD</i>		23b. ADDRESS <b>1103 Grand</b>	
23c. DATE SIGNED <b>4-21-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Apr 25, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Pleasant Hill, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Bunnell</b>	
DATE REC'D BY LOCAL REG. <b>4-23-54</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Bunnell</b>		ADDRESS <b>Pleasant Hill, Mo.</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

Wm. J. A. Browder  
Ala. Coffin

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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.....  
Signature of Student Embalmer

Signed *W. H. Gibson*.....

Licensed Embalmer No. *481*

P. O. Address *Pleasant Hill*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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