

FILED JAN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43254

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>387</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY OR TOWN <u>Memphis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K. O. H. Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0999</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u>			b. (Middle) _____		c. (Last) <u>Myers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31. 1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 12, 1860</u>		9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 WRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>			
13a. FATHER'S NAME <u>Leroy Thompson</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Forrester</u>			14. NAME OF HUSBAND OR WIFE _____			
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>Mrs Will Dowdall</u>		ADDRESS <u>Memphis Mo.</u>			
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) <u>Thy. Medullary Neoplasm</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Circulatory Failure</u> DUE TO (c) <u>Senile Degeneration of the Myocardium</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>My own death</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) _____		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>12-26</u> , 19 <u>55</u> , to <u>12-30</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-30</u> , 19 <u>55</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>David W Bone</u> (Degree or title) _____				23b. ADDRESS <u>Kirkville Mo</u>		23c. DATE SIGNED <u>1-5-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan 2, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edinburg</u>		24d. LOCATION (City, town, or county) (State) <u>Scotland Co., Mo.</u>				
DATE REC'D BY LOCAL REG. <u>1-12-56</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur Baskett</u> ADDRESS <u>Memphis Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Albert C. Gert*

Licensed Embalmer No. *425*

P. O. Address *Memphis*

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.