

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13911**

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 4285		Registrar's No. 33		
1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Knox				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewistown		c. LENGTH OF STAY (In this place) 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		d. STREET ADDRESS (If rural, give location) 05201		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Brairie View Rest Home				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) ETTA b. (Middle) OLIVIA c. (Last) MYERS			4. DATE OF DEATH (Month) (Day) (Year) APR 21 1956					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Nov 2, 1880		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Month Days	IF UNDER 10 Hrs. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homekeeper			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Scotland Co		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jasper Myers			13b. MOTHER'S MAIDEN NAME unk			14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Lloyd Myers ADDRESS Baring, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Accident 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.						INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug 1952 to 10 Apr 1956 , that I last saw the deceased alive on 11 Apr 1956 , and that death occurred at DeB.m. , from the causes and on the date stated above.								
23a. SIGNATURE John W. Wells (Degree or title) DO				23b. ADDRESS Lewistown MO		23c. DATE SIGNED 23 Apr 56		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 23 Apr 1956	24c. NAME OF CEMETERY OR CREMATORY Pauline Cemetery		24d. LOCATION (City, town, or county) (State) Rutledge, Mo			
DATE REC'D BY LOCAL REG. 4-26-56		REGISTRAR'S SIGNATURE P. W. Jennings, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Abbrima Edina, Mo		ADDRESS		

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
Student Embalmer

Signed *Mrs J. W. Hudson*
Licensed Embalmer No. *2972*

P. O. Address *Edina 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.