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FILED AUG 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23068

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Cass Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Harrisonville Mo</u>	c. LENGTH OF STAY (in this place) <u>10 days</u>	c. CITY OR TOWN <u>Freeman</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>Memorial Hospital</u>		• STREET ADDRESS (If rural, give location) <u>0190</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>NANNIE</u>	b. (Middle) <u>A.</u>	c. (Last) <u>MYERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 - 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 7 - 1862</u>	9. AGE (In years last birthday) <u>94</u>	UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. 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>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Liberty Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wm Suddarth</u>	13b. MOTHER'S MAIDEN NAME <u>Minerva Heimer</u>	14. NAME OF HUSBAND OR WIFE <u>Johnson Myers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chester Myers</u> ADDRESS <u>Freeman Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1946</u>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS Femur & Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>CARCINOMA LEFT BREAST</u>		<u>10 1/2 years</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>1946</u>	19b. MAJOR FINDINGS OF OPERATION <u>ADENOCARCINOMA L. BREAST</u>	170X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	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>✓</u>	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 1948 to 10/1/56, 1956 that I last saw the deceased alive on July 25, 1956, and that death occurred at 5 A m., from the causes and on the date stated above.

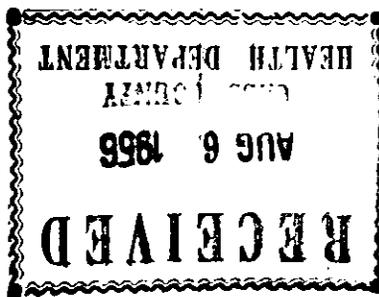
23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>26 July 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 28 - 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cem Freeman Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Cass Co</u>
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DATE REC'D BY LOCAL REGISTAR'S SIGNATURE <u>July 30, 1956</u>	REGISTAR'S SIGNATURE <u>B. L. Dora</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. E. Myers</u> ADDRESS <u>Cleveland Mo</u>
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(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

Geo. E. Myers

Licensed Embalmer No. 257

P. O. Address .. *Cleveland* ..

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.