FILED NOV 27 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 37353

Registration District No. 69 Primary Registration District No. 5273 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY Christian
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Porter Twsp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD, Nixa Length of stay in 1b 15 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Christian
c. CITY OR TOWN Nixa, RFD 0220 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) No Street Address Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First JOHN Middle WORTHY Last MYERS

4. DATE OF DEATH Month Nov. Day 10 Year 1956

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 9, 1875
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY - - - -
11. BIRTHPLACE (City and state or country) Woodbury, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Solomon Myers
14. MOTHER'S MAIDEN NAME Kathryn Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Vernon Myers, RFD, Nixa, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) medullary failure — INTERVAL BETWEEN ONSET AND DEATH 2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) toxemia — 10 days
DUE TO (c) carcinoma of stomach — 2 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
R. Hemoplegia 151X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-10-51 to 11-10-56 and last saw her/him alive on 11-10-1956
Death occurred at 12:01 a.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold Shaffer DO (Degree or title) 2
22b. ADDRESS Nixa Mo.
22c. DATE SIGNED 11-14-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/12/1956
23c. NAME OF CEMETERY OR CREMATORY McConnell Cemetery
23d. LOCATION (City, town, or county) Nixa, Mo. (State)

24. FUNERAL DIRECTOR J. Dean Harris ADDRESS Clever, Mo.
25. DATE RECD. BY LOCAL REG. Nov. 21. 1956
26. REGISTRAR'S SIGNATURE Olive Hutter

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....J. Dean Harris.....

Licensed Embalmer No. 43

P. O. Address.....Clever,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.