FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25184
STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. 4259 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY knox
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Newark — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b life

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

3. NAME OF DECEASED (Type or print) First Theresa Middle Last Myers

4. DATE OF DEATH Month Day Year July 28, 1957

5. SEX female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH April 6, 1866
9. AGE (In years last birthday) 91 — IF UNDER 1 YEAR Months 3 Days 22 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and state or country) Lafayette, Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Mc Intyre
14. MOTHER'S MAIDEN NAME Mary Williams

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 Clyde Myers — Address Newark, Missouri

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 4 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Degenerative Cardiovascular Renal lesions — 6 Months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 442x
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 Mar. 7 1957, to July 28 1957 and last saw her/him alive on July 28 1957
Death occurred at 11:00 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth Flower D.O.
22b. ADDRESS Newark MO
22c. DATE SIGNED 7-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/31/1957
23c. NAME OF CEMETERY OR CREMATORY Newark Cemetery
23d. LOCATION (City, town, or county) (State) Newark, Missouri

24. FUNERAL DIRECTOR J. Cader Jr. — ADDRESS LaBelle, Mo
25. DATE RECD. BY LOCAL REG. Aug 2-57
26. REGISTRAR'S SIGNATURE Nelle S. Hunolt

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

51-

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 .....Myself.....; Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J Coder

Licensed Embalmer No. 43

P. O. Address LaBel

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