THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30925
STATE FILE NUMBER

FILED OCT 7 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1025

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes X No ☐	c. CITY OR TOWN St. Joseph — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) D.O.A.Mo. Methodist Hosp. — Length of stay in 1b 64 Yrs	d. STREET ADDRESS (If outside, give location) 1805 Clay St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Frank, Middle David, Last Myers

4. DATE OF DEATH: Month Sept. Day 30, Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Aug. 27, 1891

9. AGE (In years last birthday): 66 — 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): Tinner

10b. KIND OF BUSINESS OR INDUSTRY: Sheet Metal

11. BIRTHPLACE (City and state or country): Cosby, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Myers

14. MOTHER'S MAIDEN NAME: Frances Moultry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W.W.# 1

16. SOCIAL SECURITY NO.: 491-24-7284

17. INFORMANT: Goldie Myers — Address: 1805 Clay St. City

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) Coronary occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) signed as an unattended death in

DUE TO (c) the city of St. Joseph, Mo

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

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 10-1-57, to _____ and ~~last~~ never saw ~~her~~ him alive on _____

Death occurred at 4:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard L Magrin MD assistant city health officer

22b. ADDRESS: Phys & Surg Bldg 216

22c. DATE SIGNED: 10-1-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Oct. 3, 57

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

23d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

24. FUNERAL DIRECTOR: Herman Wm Sidenfaden — ADDRESS: St Joseph Mo

25. DATE RECD. BY LOCAL REG.: Oct. 1, 1957

26. REGISTRAR'S SIGNATURE: Mrs Robert Fulton

(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.

OCT 7

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.....Robert L. Gaple.....

Licensed Embalmer No. 3308

P. O. Address St. Josepl

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.