

FILED NOV 14 1957

STANDARD CERTIFICATE OF DEATH

State File No. **36028**
5055

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Cowgill	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in the place) 11 Day		e. STREET ADDRESS (If rural, give location) 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Salema b. (Middle) Rovile c. (Last) Myers	4. DATE OF DEATH (Month) (Day) (Year) 10 30 1957								
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-21-1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel C. Luddington	13b. MOTHER'S MAIDEN NAME Alla Belle Scott	14. NAME OF HUSBAND OR WIFE J.W. Myers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.W. Myers, Cowgill, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fracture right femoral neck		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture left humerus. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			E9021/45

19a. DATE OF OPERATION Oct 23 57	19b. MAJOR FINDINGS OF OPERATION Fracture of right Femoral neck	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Fall	21b. PLACE OF INJURY (a.s., in or about home, farm, factory, street, office bldg., etc.) Hospital	21c. (CITY, TOWN, OR TOWNSHIP) 123 Kansas City Jackson Mo. (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 20 57 10:00	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Getting out of bed
22. I hereby certify that I attended the deceased from Oct 18 , 19 57 , to Oct 30 , 19 57 , that I last saw the deceased alive on Oct 30 , 19 57 , and that death occurred at 9 A. m. , from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) Frank R. Williams M.D.	23b. ADDRESS 4317 J.C. Nichols Pky	23c. DATE SIGNED 30 Oct 57
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 10-30-57	24c. NAME OF CEMETERY OR CREMATORY Cowgill Cemetery	24d. LOCATION (City, town, or county) (State) Cowgill, Missouri
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DATE REC'D BY LOCAL REG. 10-30-57	REGISTRAR'S SIGNATURE New Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cramer Clark, Cowgill, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Frank R. Williams



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..... *Cramer Clark*

Licensed Embalmer No. *3257*

P. O. Address *Kingston,*

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.