

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018333  
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 178 Primary Registration District No. Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>hABulle tsp.</b>		c. CITY OR TOWN <b>hABYANCE</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>New Rest Home</b>		d. STREET ADDRESS (If outside, give location) <b>No Street address</b>	
Length of stay in 1b <b>5 Mos</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>CHARA Ethel MYERS</b>			4. DATE OF DEATH Month Day Year <b>MAY 30 1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>February 16, 1879</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Kahoka, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>SoloMAN OHAVEY</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET McCORMICK</b>		14. NAME OF HUSBAND OR WIFE <b>Chester N. MYERS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. Vera MANNING hABYANCE Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute circulatory failure</b>			INTERVAL BETWEEN ONSET AND DEATH minutes <b>4201</b>
DUE TO (b) <b>Coronary Thrombosis</b>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		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 <b>Feb 1959</b> to <b>30 May 59</b> and last saw her <sup>her</sup> alive on <b>29 May 59</b> Death occurred at <b>D.O.A.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>John W Will</b>		(Degree or title) <b>D.O.</b>		22b. ADDRESS <b>Lewisston Mo</b>	
22c. DATE SIGNED <b>2 June 59.</b>					

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 2, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Greenmount Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Quincy, Illinois</b>	
24. FUNERAL DIRECTOR <b>J. Kenneth Bailey</b>			ADDRESS <b>hABYANCE Mo</b>			25. DATE RECD. BY LOCAL REG. <b>6-6-'59</b>	
26. REGISTRAR'S SIGNATURE <b>P. W. Jennings, M.D.</b>							

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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-57

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 *J. Kenneth Bailey* .....  
Licensed Embalmer No. *4248* .....  
P. O. Address *La Grange, Mo.* .....

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.