

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 18 1961

-61-000659

STATE FILE NUMBER

AMENDED

Registration District No. 22 Primary Registration District No. 4134 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville		Length of stay in 1b 1 Week	c. CITY OR TOWN Platte City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None
3. NAME OF DECEASED (Type or print) First Thelma Middle Myers Last Myers			4. DATE OF DEATH Month Jan. Day 10, Year 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-3-1897
9. AGE (last birthday) 63		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Platte City, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Smith	
13b. MOTHER'S MAIDEN NAME Theresa Scherf		14. NAME OF HUSBAND OR WIFE A. D. 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. ██████████	17. INFORMANT Mack Myers Platte City, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cortic tuberculosis			INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) Generalized A S,			years
DUE TO (c) A. S. H. D. Pneumonia			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Amputation of left leg - 3 days			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 1947 to Jan 1961 and last saw her alive on Jan 9, 1961 Death occurred at 1 A.M. 1/10/61 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. Schencker</i> (Degree or title)		22b. ADDRESS Platte City, Mo.	22c. DATE SIGNED 1/10/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-10-61	23c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery	23d. LOCATION (City, town, or county) (State) Platte City, Mo.
24. FUNERAL DIRECTOR Rollins & Mitchell Platte City, Mo.		25. DATE RECD. BY LOCAL REG. 1-10-61	26. REGISTRAR'S SIGNATURE <i>Marguerite Judson</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 James R. Ralston

Licensed Embalmer No. 5110

P. O. Address Slack City, 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.