

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019060  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2683

**FILED JUN 8 1962**

1. **FILED OF DEATH**  
 a. COUNTY **Jackson**  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in 1b **6 yrs**  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **General Hospital** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **2934 Park** Reside on Farm Yes  No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Jackson**  
 c. CITY OR TOWN **Kansas City** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **2934 Park** Reside on Farm Yes  No

3. **NAME OF DECEASED** (Type or print) First **Delia** Middle **Ann** Last **Myers** 4. **DATE OF DEATH** Month **May** Day **13** Year **1962**

5. **SEX** **Female** 6. **COLOR OR RACE** **Negro** 7. **Married**  **Never Married**   
**Widowed**  **Divorced**  8. **DATE OF BIRTH** **9-30-1880** 9. **AGE** (last birthday) **81 yrs**  
 IF UNDER 1 YEAR: Months  Days  Hours  Min.   
 IF UNDER 24 HR: 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**  
 11. **BIRTHPLACE** (City and state or country) **Covington County, Mississippi USA** 12. **CITIZEN OF WHAT COUNTRY**  
 13a. **FATHER'S NAME** **Allan Johnson** 13b. **MOTHER'S MAIDEN NAME** **Anna Smith** 14. **NAME OF HUSBAND OR WIFE** **Samuel 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.** **NO** 17. **INFORMANT** **Samuel Myers** Address **2934 Park Husband**

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).  
 PART I. **DEATH WAS CAUSED BY:**  
 IMMEDIATE CAUSE (a) **Arteriosclerotic heart Disease**  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

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** **5-8-62** to **5-13-62** and last saw her/him alive on **5-13-62**  
 21. I attended the deceased from **7:20 A** m on the date stated above, and to the best of my knowledge, from the causes stated.  
 Death occurred at \_\_\_\_\_  
 22a. **SIGNATURE** (Degree or title) *[Signature]* 22b. **ADDRESS** **2400 Cherry** 22c. **DATE SIGNED** **5-17-62**  
 23a. **BURIAL, CREMATION, REMOVAL** (Specify) **Burial** 23b. **DATE** **5-17-62** 23c. **NAME OF CEMETERY OR CREMATORY** **Highland** 23d. **LOCATION** (City, town, or county) **Kans City, Missouri** (State)  
 24. **FUNERAL DIRECTOR** **Watkins Bros. Funeral Home 18th & Benton** ADDRESS **5-17-62** 25. **DATE RECD. BY LOCAL REG.** **5-17-62** 26. **REGISTRAR'S SIGNATURE** *[Signature]*

VS 300 Rev. 4/59  
1  
23408  
3  
4 3  
5 1  
6  
7 1  
8 2  
9 4200  
10  
11  
12 1257.0  
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 *Russ R. Watkins*

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

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.