

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3552-62-027271  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registered on **JUL 25 1962** Primary Registration District No. **1002** Registrar's No. **3552**

VS 300	DATE AMENDED
Rev. 4/59	
1	
2 <i>528</i>	
3	
4 <i>0</i>	
5 <i>2</i>	
6	
7 <i>1</i>	
8 <i>1</i>	
9 <i>4200</i>	
10	
11	
12 <i>66-0</i>	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>50 Yrs.</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3425 Tracy</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ABRAM</b> Middle <b>OVERLY</b> Last <b>MYERS</b>			4. DATE OF DEATH Month <b>July</b> Day <b>5</b> Year <b>1962</b>
5. SEX <b>Male</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>11-28-1873</b>
9. AGE (last birthday) <b>88</b>		IF UNDER 1 YEAR Months <b>15</b> Days <b>1</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Cashier &amp; Bookkeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Emporia, Kansas</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>Michael Myers</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Overly</b>
14. NAME OF HUSBAND OR WIFE <b>Florida Y. 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>[REDACTED]</b>
17. INFORMANT <b>Mrs. Martha V. Peterson Roeland Park, Ks.</b>		18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ventricular Asystole</b> DUE TO (b) <b>Complete Heart Block.</b> DUE TO (c) <b>Arteriosclerotic Heart Disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>General Arteriosclerosis</b> 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 checked="" 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 <b>9:10</b> a.m. <b>Am.</b> Month, Day, Year <b>7-7-62</b>	
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.) <b>Forest Hill</b>	
20f. CITY, TOWN, OR LOCATION <b>Kansas City, Mo.</b>		20g. COUNTY <b>Kansas</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>25 Nov. 1960</b> to <b>5 July 1962</b> and last saw him alive on <b>5 July 1962</b> Death occurred at <b>9:10 Am.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Philip Raul</b> (Degree or title)		22b. ADDRESS <b>4320 Wornall Rd.</b>	
22c. DATE SIGNED <b>7-5-1962</b>		22d. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>	
22e. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>		22f. STATE <b>Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-7-62</b>	
23c. NAME OF FUNERAL DIRECTOR <b>Freeman Mortuary</b>		23d. ADDRESS <b>Kansas City, Mo.</b>	
23e. DATE RECD. BY LOCAL REG. <b>7-6-62</b>		23f. REGISTRAR'S SIGNATURE <b>Ruth A Long</b>	

H. Paul  
4300 + Memorial

**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  \_\_\_\_\_

Licensed Embalmer No. 2939

P. O. Address H. C. No.

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.