

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035095

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 433

|  |   |
|--|---|
| FILED SEP 24 1962  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b><br>b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Independence</b> Length of stay in 1b <b>30 yrs.</b><br>c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Crestview Nursing Home</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b><br>c. CITY OR TOWN <b>Independence</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>d. STREET ADDRESS (If outside, give location) <b>1315 W. College</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <b>Lacey</b> Middle <b>O.</b> Last <b>Myers</b>  |   |
| 4. DATE OF DEATH Month <b>September</b> Day <b>7</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"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH <b>3-25-1887</b>   |
| 9. AGE (last birthday) <b>75</b>   | IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Real Estate and Insurance</b>   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>  |
| 11. BIRTHPLACE (City and state or country) <b>Deloit, Iowa</b>   | 12. CITIZEN OF WHAT COUNTRY <b>Usa</b>  |
| 13a. FATHER'S NAME <b>Myron Myers</b>  | 13b. MOTHER'S MAIDEN NAME <b>Sarah A Didivau</b>  |
| 14. NAME OF HUSBAND OR WIFE <b>Myrtle Myers</b>  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |
| 16. SOCIAL SECURITY NO. <b>None</b>  | 17. INFORMANT <b>Mrs. Ione Downs 14200 E. 39th Indep.</b><br>Address  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial infarction</b><br>DUE TO (b) <b>Cerebrovascular hemorrhage</b><br>DUE TO (c) <b>Hypertension</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>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 a.m. 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 <b>July 30, 1962</b> to <b>Sept 7, 1962</b> and last saw her alive on <b>Sept 6, 1962</b><br>Death occurred at <b>5:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |
| 22a. SIGNATURE (Degree or title) <b>Carl J. Perry DO</b>   | 22b. ADDRESS <b>227 E College</b>   |
| 22c. DATE SIGNED <b>9/7/62</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 23b. DATE <b>Sept 10-1962</b>   |
| 23c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove</b>  |   |
| 23d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>  |   |
| 24. FUNERAL DIRECTOR <b>Roland R. Speaks</b>   | 25. DATE RECD. BY LOCAL REG. <b>9-8-62</b>  |
| 26. REGISTRAR'S SIGNATURE <b>Alvin L. Craig</b>  |   |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

17005  
27005

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12 86-2  
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DATE AMENDED

Sept-8-62

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 Don D. Lindsey, Student Embalmer No. 649

working under my personal supervision.

Student Don D. Lindsey  
Signature of Student Embalmer

Signed Roland P. Speake

Licensed Embalmer No. 3604

P. O. Address Indep. 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.

9-8-62