

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34408

State File No. 58

FILED NOV 5 1952 REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 58

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Cape Girardeau</i>		
b. CITY OR TOWN <i>Jackson Mo</i>		c. LENGTH OF STAY (in this place) <i>5 yr</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Jackson Mo.</i>		d. STREET ADDRESS (If rural, give location) <i>614 Cape Road</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Deal Nursing Home</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Nona</i> b. (Middle) <i>Webb</i> c. (Last) <i>Myer</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb-24-52</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Apr 3-18-77</i>		9. AGE (In years last birthday) <i>75</i> if UNDER 1 YEAR Months <i>6</i> Days <i>21</i> if UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>William Myer Dec.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Joe Myer Jackson Mo.</i>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic asthma and ulcers/embolus.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Dangerous Feet</i>				
	DUE TO (c) <i>Dangerous Feet</i>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>4501</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 1949</i> to <i>Feb 24, 1952</i> , that I last saw the deceased alive on <i>Feb 20, 1952</i> and that death occurred at <i>2:24 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>W. H. Cotton Jr. M.D.</i>			23b. ADDRESS <i>Jackson Mo</i>		23c. DATE SIGNED <i>10-27-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Oct 26-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Russell Heights</i>		24d. LOCATION (City, town, or county) (State) <i>Jackson Mo</i>	
DATE REC'D BY LOCAL HEALTH DEPT. <i>Oct 27 1952</i>		REGISTRAR'S SIGNATURE <i>S. S. Suber</i>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Denette - Raurd Jackson Mo</i>	

7-10-64 P. 2 10:11

**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 .....  
Student Embalmer

Signed R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, 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 this body is not embalmed, fact should be so stated above.