53927

Vol. [illegible] Page 18717

A-29818

DEPARTMENT OF SOCIAL SERVICES – MISSOURI DIVISION OF HEALTH

(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

391977-

124

STATE FILE NUMBER 77 014611

DO NOT WRITE THIS STUB

VS 300 Rev. 11/72

FILED AUG 4 1977

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1430

4075
0088
28
29
161
050
04620
1
1621

DECEASED

1. Bessie Beatrice Myers
2. Female
3. July 18, 1977
4. White
5a. 63
5b. 5c. 5d. 5e.
6. Oct. 30, 1913
7. Greene
8. Springfield
9. yes
10. Cox Medical Center
11. Mississippi
12. U.S.A
13. Widowed
14. none
15. 495-34-3705
16. Housewife
17. none
18. Missouri
19. Phelps
20. Edgar Springs
21. yes
22. Spring Creek
23.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

24. Arthur Lee Lucas
25. Gertrude Whites

INFORMANT

26. Mrs. Nettie Edgar
27. Edgar Springs, Missouri 65462

CAUSE

PART I DEATH WAS CAUSED BY:

28. IMMEDIATE CAUSE (a) Ca of the lung — DUE TO, OR AS A CONSEQUENCE OF (b) — DUE TO, OR AS A CONSEQUENCE OF (c)

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 months

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

29. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
30. DATE OF INJURY (MONTH, DAY, YEAR)
31. HOUR
32. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 28)
33. AUTOPSY (YES OR NO): no
34. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
35. INJURY AT WORK (SPECIFY YES OR NO)
36. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
37. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFIER

38. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 5 17 77 TO 7 18 77
39. AND LAST SAW HIM/HER ALIVE ON 7 18 77
40. I DID/DID NOT VIEW THE BODY AFTER DEATH
41. DEATH OCCURRED AT THE HOUR OF 2:15 P.M.
42. CERTIFICATION—MEDICAL EXAMINER OR CORONER ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED
43. THE DECEDENT WAS PRONOUNCED DEAD ON THE HOUR OF
44. CERTIFIER—NAME (TYPE OR PRINT): E.R. BORJA
45. MO. LICENSE NO.: R4620
46. SIGNATURE: ERBorja
47. DEGREE OR TITLE: MD
48. DATE SIGNED: 7/26/77
49. MAILING ADDRESS—CERTIFIER: 1423 N. Jefferson, Springfield, Mo. 65802

BURIAL

50. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
51. CEMETERY OR CREMATORY—NAME: Smith Cemetery
52. LOCATION: Phelps County, Missouri
53. DATE: July 19, 1977
54. FUNERAL HOME—NAME AND ADDRESS: Null & Son Funeral Home, Rolla, Mo. 65401
55. FUNERAL DIRECTOR—SIGNATURE: Paul E. Null
56. REG. NO. 1852
57. REGISTRAR—SIGNATURE: Billy G. Harman
58. DATE RECEIVED BY LOCAL REGISTRAR: August 3, 1977

PERMANENT BLACK INK. Type or print in ... Handbook for instructions

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT

(Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (CHAP. 193.380 RSMo 1969)

STATE OF MISSOURI } ss
CITY OF JEFFERSON }

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Division of Health of Missouri.

Witness my hand as State Registrar of Vital Statistics and the Seal of the Division of Health of Missouri this date of

NOV 2 1977

Herbert R. Morales MD
State Registrar of Vital Statistics

Return to: 1st National Trust Exchange
PO Box 580
Medford Or
97501

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of [illegible]

this 23rd day of AUGUST A. D. 19 78 at 11:47 o'clock A. M., and duly recorded in Vol. M 78, of [illegible] on Page 15717

FEE $ 3.00

Wm D. MILNE, County Clerk

By [illegible]