

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20320**

FILED JUL 6 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **4338** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY <b>Monroe</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monroe City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monroe City</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>404 S. Washington</b>		d. STREET ADDRESS (If rural, give location) <b>404 S. Washington</b>	

3. NAME OF DECEASED (Type or Print) <b>Jacob J. Mefford</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>June 20 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>December 9 1873</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Owen County, Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Frank Mefford</b>	13b. MOTHER'S MAIDEN NAME <b>Mary M. See</b>	14. NAME OF HUSBAND OR WIFE <b>Eva Belt Mefford</b>
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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.	17. INFORMANT'S SIGNATURE OR NAME <b>Clara J. Mefford</b> ADDRESS <b>St Louis Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral thrombosis</b>		<b>months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterial fibrillation</b> DUE TO (c) <b>generalized arteriosclerosis</b>		<b>Years?</b> <b>Years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic heart disease</b>		<b>4 to 1</b>	<b>Years</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 12, 1949**, to **June 20, 1949**, that I last saw the deceased alive on **June 19, 1949**, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ernest Chesser MD</b> (Degree or title)	23b. ADDRESS <b>Monroe City Mo</b>	23c. DATE SIGNED <b>June 27, 49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6-23-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hunnewell Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Monroe Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June 27, 1949</b>	REGISTRAR'S SIGNATURE <b>Charles Little</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WILLSONSON'S</b> ADDRESS <b>MONROE CITY</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. 1

District File Number 7-49-11

Date Filed JUL 5 1949

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.