

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6274 State File No. **22401**

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <del>4478</del>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> / <u>13</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Worth-RURAL - 11 miles E. P.K.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City</u> / <u>13</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Meredith</u> b. (Middle) <u>Elaine</u> c. (Last) <u>Eighmy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-22-1949</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>1-15-1943</u>	
9. AGE (In years last birthday) <u>6</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Melvis Eighmy</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Combs</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mildred Eighmy</u> ADDRESS <u>Grant City, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra-cranial Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Communited fracture left femur</u>				INTERVAL BETWEEN ONSET AND DEATH <u>45 minutes</u> <u>28224</u> <u>32</u> "	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Auto Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 69</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1 mile north of Worth, Worth Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 22 49 5:30 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident - car</u> / <u>113</u>			
22. I hereby certify that I attended the deceased from <u>6-22</u> , 19 <u>49</u> , to <u>6-22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-22</u> , 19 <u>49</u> , and that death occurred at <u>6:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank B Madison MD</u>				23b. ADDRESS <u>Grant City Mo.</u>		23c. DATE SIGNED <u>6/24/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-25-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-2-1949</u>		REGISTRAR'S SIGNATURE <u>Kate E. Dawson</u> <u>345</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Duffee</u>		ADDRESS <u>Grant city, Mo.</u>	

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



**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 self

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Arch C. Dunfee*

Licensed Embalmer No. 3252

P. O. Address Grant 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.