

FILED OCT 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30718**
Registrar's No. **296**

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 55-68		REGISTRAR'S NO. 296		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.R.#3, Independence		c. LENGTH OF STAY (in this place) 18 Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.R.#3, Independence, Mo.				
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.#3 Independence Mo.				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) CATHERINE c. (Last) MEEKER			4. DATE OF DEATH (Month) (Day) (Year) Sept. 21, 1949					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 9, 1864		
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James A. Peterie			13b. MOTHER'S MAIDEN NAME Helen Scott			14. NAME OF HUSBAND OR WIFE Davis S. Meeker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME R.R.#3 R.R.#3 Aubrey G. Engleman Indep. Mo.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterial sclerotic heart disease cardiac decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) Generalized arterial sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 days	
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)				
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 Oct , 1948, to Sept 21 , 1949, that I last saw the deceased alive on Sept 20 , 1949, and that death occurred at 12:15 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Merrill R. Bay, M.D.				23b. ADDRESS Blue Springs, Mo		23c. DATE SIGNED 9/21/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/21/49		24c. NAME OF CEMETERY OR CREMATORY Loreda		24d. LOCATION (City, town, or county) (State) Mo		
DATE REC'D BY LOCAL REG. Sept. 28 - 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE 354 Mrs. C. L. Forster		ADDRESS K.C. Mo		

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

SEP 28 REC'D

Phone #88

*Staley Sanitarium
11:00 AM*

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Joe B Yoder

Signed.....

Student Embalmer

Licensed Embalmer No. 4173

P. O. Address K.C. 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.