

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37004**

FILED DEC 1 1949

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5470 Registrar's No. 21

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

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

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRANKLIN</u>	b. (Middle) <u>HORACE</u>	c. (Last) <u>MEECH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 13 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>DEC-14-1877</u>	9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>29</u>	11. UNDER 2 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>ROCKFORD ILL /</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>WILLIAM MEECH</u>	13b. MOTHER'S MAIDEN NAME <u>MARY MEECH</u>	14. NAME OF HUSBAND OR WIFE _____
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Harmon Wilson Spickard</u>	ADDRESS <u>MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular And Disease</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>442X</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 May 1st, 1949, to Nov. 13th, 1949, that I last saw the deceased alive on Oct 1st, 1949 and that death occurred at 8:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Oliver F. Duffey M.D.</u> (Degree or title)	23b. ADDRESS <u>Trenton Mo.</u>	23c. DATE SIGNED <u>Nov. 14th 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>NOV-16-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM</u>	24d. LOCATION (City, town, or county) (State) <u>Spickard MO</u>
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DATE REC'D BY LOCAL REG. <u>NOV-16-49</u>	REGISTRAR'S SIGNATURE <u>Mrs Nathan Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schooler Funeral Home Spickard Mo.</u>	ADDRESS _____
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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 Ross Niso.....

Licensed Embalmer No. 3771.....

P. O. Address Spickard 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.