

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40905

State File No.

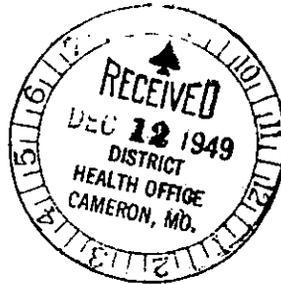
FILED DEC 19 1949

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5479 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> <u>40</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brimson (Taylorship)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brimson</u> <u>0</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) <u>HARVEY</u> b. (Middle) <u>E.</u> c. (Last) <u>MEEK</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 30, 1866</u>
9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>12</u> Hours <u>-</u> Min. <u>-</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-12-49</u>	
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 <u>FARM</u>	
11. BIRTH PLACE (State or foreign country) <u>Grundy County, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JAMES H. MEEK</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH M^C GOWAN</u>	
14. NAME OF HUSBAND OR WIFE <u>ETNA MEEK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs H. E. MEEK Brimson 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>9-14-49</u> <u>Two yrs</u> <u>4500</u>	
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)	
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 <u>9-14</u> —, 19 <u>49</u> , to <u>11-12</u> —, 19 <u>49</u> , that I last saw the deceased alive on <u>11-11</u> —, 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. E. MEEK M.D.</u>		23b. ADDRESS <u>Prenton, MO</u>	
23c. DATE SIGNED <u>11-14-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>11-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Willis Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Grundy County, MO</u>		DATE REC'D BY LOCAL REG. <u>11-15-49</u>	
REGISTRAR'S SIGNATURE <u>Irene Jau</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Raymond Davis Prenton MO.</u>	

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

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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.....

Myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Raymond Davis*

Licensed Embalmer No. *3424*

P. O. Address. *Jrenton 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.