

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5832

State File No. _____

BIRTH MO. _____ REG. DIST. NO. 30.1 PRIMARY REG. DIST. NO. 4450 Registrar's No. 6034

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doriphan</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doriphan</u>	
c. LENGTH OF STAY (in this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) <u>307 Walnut St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>307 Walnut St.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>CORA</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>MEEKINS</u>	(Month) <u>Jan.</u>	(Day) <u>10</u>	(Year) <u>1950</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 11, 1876</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u>	IF UNDER 1 HRS. Hours <u>---</u> Mins. <u>---</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work at Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Nevada, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James A. Duncanson</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Kern</u>	14. NAME OF HUSBAND OR WIFE (deceased) <u>Oliver O. Meekins</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R. H. Meekins</u>	ADDRESS <u>Doriphan, Mo. R#2</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer left lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>163X</u>
	ANTECEDENT CAUSES Morbidity 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.		

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)	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 10-1-1945 to 1-10-1950, that I last saw the deceased alive on 1-7-1950, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Edgar Adamson M.D.</u>	(Degree or title)	23b. ADDRESS <u>Doriphan, Mo.</u>	23c. DATE SIGNED <u>1-11-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Doriphan, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-11-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means</u>	ADDRESS <u>Doriphan, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

911
1

RECEIVED 2/13/50
District Health Officer No. 5,
District File Number 250103
Date Filed 2/17/50

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.

Signed _____

Ray Means

Signed _____
Student Embalmer

Licensed Embalmer No. 3743

P. O. Address *Doniphan, 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.