

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8024**

220

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

BIRTH NO. _____		REG. DIST. NO. <u>69</u>		PRIMARY REG. DIST. NO. <u>4120</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLEVER</u>		c. LENGTH OF STAY (in this place) <u>30 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLEVER</u>		<u>0220</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>HOME</u>				d. STREET ADDRESS (If rural, give location) <u>HOME</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>MATHEW</u>		c. (Last) <u>MEACHEAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 8 1950</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>4-17-1879</u>		9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR: Months <u>10</u> Days <u>19</u> IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </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>  </u>			11. BIRTHPLACE (State or foreign country) <u>CLEVER MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM W. MEACHEAM</u>			13b. MOTHER'S MAIDEN NAME <u>JANE COWAN</u>			14. NAME OF HUSBAND OR WIFE <u>TEXANNA LITTLE MEACHEAM</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. TEXANNA MEACHEAM - CLEVER MO.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>  <u>154A</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 years</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 (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>December, 1948</u> , to <u>March, 1950</u> , that I last saw the deceased alive on <u>March 8, 1950</u> , and that death occurred at <u>5 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Karl J. Leidinger Jr. M.D.</u>				23b. ADDRESS <u>Billings MO</u>			23c. DATE SIGNED <u>3-17-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WISE HILL</u>		24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN CO. MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>3-17-1950</u>		REGISTRAR'S SIGNATURE <u>Alline Drees</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Bean Harris Clever, Mo.</u>				

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District Health Office No. 6,  
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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.

Signed John Dean Harris

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.