

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17637

FILED JUN 1 1950

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Stanton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanton</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>N. Alonthus Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>TUCKER</u> c. (Last) <u>MECKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 22 1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>7/5/1888</u>		9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>W.H. Carman</u>	
11. BIRTHPLACE (State or foreign country) <u>Paris Beuff Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. KIND OF BUSINESS OR INDUSTRY <u>Colton Beef RA</u>	

13a. FATHER'S NAME <u>Allen Meeks</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Meeks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.H. 1 702-09-6971</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruth Meeks Stanton Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral hemorrhage</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant hypertension</u> DUE TO (c) <u>Cardiovascular renal Disease</u>			
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"/>	
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 Apr 20 1950, to Apr 22 1950, that I last saw the deceased alive on Apr 22 1950, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. P. Jones M.D.</u> (Degree or title)		23b. ADDRESS <u>Maryville, Mo</u>		23c. DATE SIGNED <u>Apr 22 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Paris Beuff Arkansas</u>	
24d. LOCATION (City, town, or county) (State) <u>Paris Beuff Arkansas</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Luby F. Phillips</u>		24f. ADDRESS <u>Stanton</u>	
DATE REC'D BY LOCAL REG. <u>4-25-50</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Luby F. Phillips</u>	

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

JUN 1 1950

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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, ~~\_\_\_\_\_~~

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Henry H. Phillips*

Signed \_\_\_\_\_

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

Licensed Embalmer No. \_\_\_\_\_

*1898*

P. O. Address \_\_\_\_\_

*Stonington, Md*

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.