

FILED JUN 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 19142

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

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Verona</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Verona</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevasada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevasada</u> <u>108th</u>	
c. LENGTH OF STAY (In this place) <u>2.0 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>402 David Baker</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Robert</u> c. (Last) <u>Mealey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <u>Single</u> (Specify)	8. DATE OF BIRTH <u>June 10 - 1863</u>
9. AGE (In years last birthday) <u>86</u>		9. AGE (In years last birthday) <u>86</u>	9. AGE (In years last birthday) <u>86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
13c. NAME OF HUSBAND OR WIFE <u>Elsie May Mealey</u>		13c. NAME OF HUSBAND OR WIFE	
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>Robert Mealey</u>		17. INFORMANT'S SIGNATURE OR NAME	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u>		DUE TO (b)	
DUE TO (c)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced age</u>		II. OTHER SIGNIFICANT CONDITIONS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. AUTOPSY?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 29, 1950</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 18, 1950</u> , to <u>May 29, 1950</u> , that I last saw the deceased alive on <u>April 29, 1950</u> , and that death occurred at <u>11:00</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. S. Pove</u> (Degree or title)		23b. ADDRESS <u>Nevasada, Mo.</u>	
23c. DATE SIGNED <u>5-20-50</u>		23c. DATE SIGNED	
24a. BURIAL (Specify)		24b. DATE <u>May 3 - 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oliver Branch Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Verona Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>June 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Yarwood</u> 331	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Sinsinger</u>		ADDRESS <u>Nevasada Missouri</u>	

RECEIVED 6-10-50
District Health Officer No. 7,
District File Number 550-62
Date Filed 6-10-50

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.

Student
Student Embalmer

Signed *C. P. Feun*
Licensed Embalmer No. *1760*
P. O. Address *Nevada 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.