

THE DIVISION OF HEALTH OF MISSOURI
 FILED SEP 8 1950 STANDARD CERTIFICATE OF DEATH

State File No. **26553**

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5446 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Gretna</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Gretna</u>	
b. CITY OR TOWN <u>Stanhurst Rural</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Stanhurst Rural Cooper</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N.W. of Stanbury, 4 miles</u>		d. STREET ADDRESS (If rural give location) <u>0380</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Arnon</u> c. (Last) <u>MEEK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 26 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3/6/1868</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>82</u>
		11. BIRTHPLACE (State or foreign country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>William Meek</u>	13b. MOTHER'S MAIDEN NAME <u>Mrs</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Kizzie Meek</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Kizzie Meek</u> ADDRESS <u>Stanhurst 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4222</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Prostatitis</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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

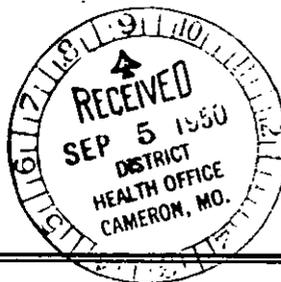
22. I hereby certify that I attended the deceased from July 17, 1950, to Aug 26, 1950, that I last saw the deceased alive on Aug 23, 1950, and that death occurred at 6 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. J. Pray</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Atony 7210</u>	23c. DATE SIGNED <u>8/27/50</u>
24a. BURIAL CREMATION (Specify) <u>Burial</u>	24b. DATE <u>8/28/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CAT MOBILE</u>
24d. LOCATION (City, town, or county) (State) <u>N.E. of Stanbury MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tatony F. Phillips</u> ADDRESS <u>Stanhurst</u>
DATE REC'D BY LOCAL REG. <u>Aug 29-50</u>	REGISTRAR'S SIGNATURE <u>Edith Childs</u> <u>430</u>	

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

300
12

1190



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 _____

Leroy H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonewall, Mo.

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.