

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39704

FILED DEC 22 1950

BIRTH NO. 25505-50 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 342

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

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kirkville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Ridgeway</u> <u>0.410</u> | |
| c. LENGTH OF STAY (In this place) <u>12 hrs</u> | | d. STREET ADDRESS (If rural, give location) <u>/</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C.O.S. Hospital-Kirkville, Mo.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Franklin</u> | | b. (Middle) <u>Patrick</u> | |
| | | c. (Last) <u>Meador</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15 1950</u> | | | |
| 5. SEX <u>male 0</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2 (1)</u> | 8. DATE OF BIRTH <u>Dec. 14, 1950</u> |
| 9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>12</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | |
| 10a. <u>/</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <u>Kirkville, Missouri 0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Dan Patrick Meador</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elaine Ladwig</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>/</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | |
| | | | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dan Patrick Meador KIRKVILLE 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>Immaturity</u> | |
| | | II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital Atelectasis</u> DUE TO (c) <u>No</u> | |
| | | III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None known</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) (Min.) | | 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>Dec. 14, 1950</u> , to <u>Dec. 15, 1950</u> , that I last saw the deceased alive on <u>Dec. 15, 1950</u> , and that death occurred at <u>11:45a</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Master Richard D. J. Clinic</u> | | 23b. ADDRESS <u>K.C.O.S. Clinic</u> | |
| 23c. DATE SIGNED <u>12/16/50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | | 24b. DATE <u>12/17/50</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u> | | 24d. LOCATION (City, town, or county) (State) <u>Macon, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>12-16-50</u> | | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u> | | ADDRESS <u>Kirkville, Mo</u> | |

Date Received: DEC 1
DISTRICT HEALTH OFFICE
District File Number
Date Filed: DEC 20 192

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

Robert P. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, Missouri

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.