

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 47

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

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>5014</u>		Registrar's No. <u>496</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joe. Rt. #3 Jefferson</u>		c. LENGTH OF STAY (in this place) <u>9-Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Joseph Rural #3 Jefferson</u>		d. STREET ADDRESS (If rural, give location) <u>Andrew</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 1/2 Miles N.E. of St. Joe. Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>4 1/2 Miles of St. Joseph, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Ray</u> c. (Last) <u>Meeker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17, 1951</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>June 29, 1895</u>		9. AGE (In years last birthday) <u>55</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stuppy &amp; Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Amazonia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War # 1</u>		16. SOCIAL SECURITY NO. <u>496-09-5768</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruth Meeker</u>		ADDRESS <u>St. Joseph, R.F.D. 3</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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>asthma</u>					Interval between onset and death <u>several years</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>Jan 16, 1951</u> , to <u>Jan 17, 1951</u> , that I last saw the deceased alive on <u>Jan 16, 1951</u> , and that death occurred at <u>10:00A</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Collis Prouder</u>				23b. ADDRESS <u>Werkpatron Bldg</u>		23c. DATE SIGNED <u>Jan 17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 19, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>N.E. of St. Joe. (Andrew)</u>		
DATE REC'D BY LOCAL REG. <u>1-19-51</u>		REGISTRAR'S SIGNATURE <u>William Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Braden</u>		ADDRESS <u>1802 Union St</u>	



JAN 29 1951

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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.

Student .....  
Student Embalmer

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph, 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.