

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 262

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 206 E. Valley St. (home)		d. STREET ADDRESS (If rural, give location) 206 E. Valley St.	

3. NAME OF DECEASED (Type or Print)	a. (First) EMMETT	b. (Middle)	c. (Last) MEEK	4. DATE OF DEATH (Month) 1 (Day) 16 (Year) 1951
-------------------------------------	-------------------	-------------	----------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-14-1872	9. AGE (In years, less birthday) 78	If UNDER 1 YEAR Months 11 Days 2	If UNDER 24 HRS. Hours Min.
-------------	------------------------	--	----------------------------	-------------------------------------	----------------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY City Park Dept.	11. BIRTHPLACE (State or foreign country) Atehison, Kansas /	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	----------------------------------

13a. FATHER'S NAME Marion Meek	13b. MOTHER'S MAIDEN NAME Salina Haight	14. NAME OF HUSBAND OR WIFE Clara Meek
--------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Clara Meek, 206 E. Valley St.	ADDRESS
--	------------------------------	---	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute circulatory failure		INTERVAL BETWEEN ONSET AND DEATH 42-1
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis and myocardial infarction		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) arteriosclerosis - +		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION sanity	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 Jan 16, 1951, to Jan 16, 1951, that I last saw the deceased alive on Jan 16, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Lambert H. Pearson (Degree or title)	23b. ADDRESS Rte. 26207 King Hill Ave.	23c. DATE SIGNED 1/18/51
---	--	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/18/51	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	24d. LOCATION (City, town, or county) (State) Tarkio Mo
--	-------------------	--	---

DATE REC'D BY LOCAL REG. Jan 20, 1951	REGISTRAR'S SIGNATURE Carl C. Casto	25. FUNERAL DIRECTOR'S SIGNATURE John C. Supp.	ADDRESS St. Joseph, Mo.
---------------------------------------	-------------------------------------	--	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

117
1

0113

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

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3986

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.