No. 300
10.48

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11290

1040
1

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6162 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Stone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Ruth
c. LENGTH OF STAY (in this place) 62 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ~~Frank~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Stone Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Ruth
d. STREET ADDRESS (If rural, give location) 1040

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) J c. (Last) Mease
4. DATE OF DEATH (Month) (Day) (Year) March 14-51
5. SEX M
6. COLOR OR RACE Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 14-1869
9. AGE (In years last birthday) 82-2 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Canning
10b. KIND OF BUSINESS OR INDUSTRY Canning Tomatoes
11. BIRTHPLACE (State or foreign country) Tomay
12. CITIZEN OF WHAT COUNTRY? U.S
13a. FATHER'S NAME Jake Mease
13b. MOTHER'S MAIDEN NAME Elizabeth Walcliff
14. NAME OF HUSBAND OR WIFE Elizabeth Mease
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Carol Mease ADDRESS Reeds Springs Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spasm of Heart muscle — INTERVAL BETWEEN ONSET AND DEATH 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tachycardia — 1 yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Several years ago he had rheumatism

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4331
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* was dead when I saw him, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE L S Shumate M D (Degree or title)
23b. ADDRESS Reeds Spring Mo
23c. DATE SIGNED 3/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 18-51
24c. NAME OF CEMETERY OR CREMATORY Eisenhaur
24d. LOCATION (City, town, or county) (State) Galena Mo

DATE REC'D BY LOCAL REG. March 17-51
REGISTRAR'S SIGNATURE Lena Murray - Dep. 317
25. FUNERAL DIRECTOR'S SIGNATURE Everett J. Cheatham ADDRESS Galena Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED, MAR 28 1951
Dist. File 351-664
Date Filed 3-28-51

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.

Student Embalmer No.....

Signed Everett J. Cheatham

Signed.....
Student Embalmer

Licensed Embalmer No. 3870

P. O. Address Galena 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.