

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33382

State File No.

FILED OCT 17 1951

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Higbee (Rural)</u>	
c. LENGTH OF STAY (In this place) <u>4 wks</u>		d. STREET ADDRESS <u>R.R. #3</u> (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Benjamin</u>	c. (Last) <u>Mead</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13, 1865</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 30, 1865</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u>	IF UNDER 2 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Boone Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Benjamin Mead</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Chiddenton</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Jane Adkins</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Calvin Dougherty</u>	ADDRESS <u>Fayette, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 mos.</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myelogenous leukemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus - mild</u>		4 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>2041</u>
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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?
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22. I hereby certify that I attended the deceased from March, 1951, to 13 Oct., 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Sham M.D.</u> (Degree or title)	23b. ADDRESS <u>Fayette Mo.</u>	23c. DATE SIGNED <u>10-13-51</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/14/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Myers Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Howard Co. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-13-51</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	436	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>	ADDRESS <u>Fayette, Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED OCT 16 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed OCT 16 1951

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.....
Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette 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.