

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**36087**

State File No. ....

**FILED NOV 9 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 166

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Scott</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>Alabama Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Delta Comm. Hospital</u>			

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>John</u>	b. (Middle) <u>—</u>	c. (Last) <u>Meeks</u>	(Month) <u>10</u>	(Day) <u>31</u>	(Year) <u>1951</u>

<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Colored</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>8-25-1891</u>	<b>9. AGE</b> (In years last birthday) <u>60</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Laborer</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Mississippi</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>United States</u>
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<b>13a. FATHER'S NAME</b> <u>Albert Meeks</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Harriet ?</u>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>no</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Neg Meeks - Rt. #1 - Sikeston, Missouri</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>7 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>apoplexy</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>334X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 10-27, 1951, to 10-31, 1951, that I last saw the deceased alive on 10-30, 1951, and that death occurred at 3:00 Pm., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Malcolm D. Smith, M.D.</u> (Degree or title)	<b>23b. ADDRESS</b> <u>Malcolm Building - Sikeston, Missouri</u>	<b>23c. DATE SIGNED</b> <u>11-1-51</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <u>11-3-51</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Sunset Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>West Edge of Sikeston, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>11-3-51</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mrs. Della Hunter</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Guido Smith</u>	<b>ADDRESS</b> <u>1213 Maul St. Sikeston Mo.</u>
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(Licensed Embalmer's Statement of Reverse Side)

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

300  
48

3

RECEIVED NOV 5 1954

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1151-2

JUL 19 1954

**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 G. Edg. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.