

No. 300
10.48

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

793

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5427 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Kennett Ind. Mo</u>		c. CITY OR TOWN <u>Kennett Ind. Mo</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rural # 2 035 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural # 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u> b. (Middle) <u>Frank</u> c. (Last) <u>Meek</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31-1952</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>Sept 7-1879</u>		9. AGE (in years last birthday) <u>72</u>		IF UNDER 1 YEAR: Months _____ Days _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Lake County, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Plan Meek</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Jocie Meek</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>385-07-1300</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jocie Meek</u> ADDRESS <u>Kennett, Mo. R-7</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, arteria, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Hypertension</u>					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		4201 <u>Independence Dunklin Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter C. Heubner</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>1-31-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harner Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Hornersville Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>2-2-52</u>		REGISTRAR'S SIGNATURE <u>Carl H. Huber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>LeRoy Service</u> ADDRESS <u>Kennett, Mo.</u>	
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WRITE PLAINLY—USING UNFADING INK—MAKE A PERMANENT RECORD

350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT2-4-52.....

COUNTY FILE NUMBER ..352-40.....

MAR 10 1952

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.....

Edgar Lee Ford

Licensed Embalmer No. *4433*

Signed.....

Student Embalmer

P. O. Address. *Kennett 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.