

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

State File No. **7428**

**LEW APR 15 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 379

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>35 years</u>		d. STREET ADDRESS (If rural, give location) <u>3107 Penn St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3107 Penn St.</u>		d. STREET ADDRESS (If rural, give location) <u>3107 Penn St.</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Ellis</u> c. (Last) <u>Meakins</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April 4, 1952</u>		
<b>5. SEX</b> <u>male</u>		<b>6. COLOR OR RACE</b> <u>white</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	
<b>8. DATE OF BIRTH</b> <u>October 14, 1897</u>		<b>9. AGE</b> (In years last birthday) <u>54</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>laborer</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Topeka, Kansas</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		<b>13. KIND OF BUSINESS OR INDUSTRY</b> <u>packing plant</u>	

<b>13a. FATHER'S NAME</b> <u>Benjamin Meakins</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Angeline Coonert</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Addie L. Meakins</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W. W. I</u>		<b>16. SOCIAL SECURITY NO.</b> <u>487-09-1116</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Addie Meakins, 3107 Penn, St. Joseph, Mo</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*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>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Met. Carcinoma of testis.</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 months.</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) <u>Carcinoma of prostate (Prostate).</u>		
DUE TO (c) _____		<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>177x</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<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>	
<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>	

**22. I hereby certify that I attended the deceased from** 1/4, 1952, to 4/4, 1952, that I last saw the deceased alive on 4/4, 1952, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Frank N. Dejean</u>		<b>23b. ADDRESS</b> <u>620 Monroe St.</u>		<b>23c. DATE SIGNED</b> <u>4/11/52</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>		<b>24b. DATE</b> <u>April 7, 1952</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park Cemetery</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph Missouri</u>					

<b>DATE REC'D BY LOCAL REG.</b> <u>April 11, 1952</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Carl C. Coak</u> <u>446</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Heaton-Bowman Funeral Home - St. Joseph</u>	
				<b>ADDRESS</b>	

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

0117  
1

M. H. H. H.

APR 24 1957

Wm. Spalding

JAN 27 1959

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 3195 10th St. York Pa

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.