S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34764

State File No. 155

FILED NOV 10 1952

BIRTH NO. ____ REG. DIST. NO. 131 ~~132~~ PRIMARY REG. DIST. NO. 5469 Registrar's No. ~~156~~

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spickard-Rural-Franklin
c. LENGTH OF STAY (in this place) 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4 Mi So Spickard

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Laredo 0400
d. STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print)
a. (First) Edna
b. (Middle) Anne
c. (Last) Meeker

4. DATE OF DEATH (Month) October (Day) 17 (Year) 1952

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Feb. 24 1870
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months 7 Days 23 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Laredo Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Gilbert Dudley
13b. MOTHER'S MAIDEN NAME Cecelia Brewer
14. NAME OF HUSBAND OR WIFE Charley Meeker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME J. Earl Meeker **ADDRESS** K.C. Mo. 564 Charlotte

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) Lobar Pneumonia

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.

INTERVAL BETWEEN ONSET AND DEATH: 1 wk

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 490 X
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* Oct 10, 1952, *to* Oct 17, 1952, *that I last saw the deceased alive on* Oct 15, 1952 *and that death occurred at* 1:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] MD
23b. ADDRESS Trenton Mo
23c. DATE SIGNED 10/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial X
24b. DATE 10/19/1952
24c. NAME OF CEMETERY OR CREMATORY Laredo Cemetery
24d. LOCATION (City, town, or county) Laredo (State) Mo

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE 114-1
25. FUNERAL DIRECTOR'S SIGNATURE E.J. Robertson Funeral Home **ADDRESS** Laredo Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 J M Robertson

Signed.....
Student Embalmer

Licensed Embalmer No. 4388

P. O. Address Laredo 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.