

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2055

State File No.

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) (OR TOWN) <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u> <u>05 4 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Goodloe Co. Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>Main st.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>James</u>	b. (Middle) <u>Tye</u>	c. (Last) <u>Meade</u>	(Month) <u>January</u>	(Day) <u>26</u>	(Year) <u>1953</u>
5. SEX <u>0</u> <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <u>2</u>	8. DATE OF BIRTH <u>July 22, 1870</u>	9. AGE (In years last birthday) <u>82</u>	if UNDER 1 YEAR Days <u>6</u> if UNDER 4 HRS. Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN farm General</u>	11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry Pawl Meade</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Belle Meade</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. P. Meade - Higginsville, Mo.</u>
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18. CAUSE OF DEATH 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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs -</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung -</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Nov. 1, 1952 to Jan. 26, 1953, that I last saw the deceased alive on Jan. 26, 1953, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter Koppensbrink, M.D.</u>	23b. ADDRESS <u>Higginsville Mo</u>	23c. DATE SIGNED <u>Jan 31 - 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan. 28, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3 Feb. 1953</u>	REGISTRAR'S SIGNATURE <u>W. E. Eastwood</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. H. Hader Higginsville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

540
4

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.....

Forrest Heckhof

Licensed Embalmer No. *4284*

P. O. Address *Higginsville, 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.