

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44048**

FILED JAN 4 1954

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 455

0940

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

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>FRANKCLAY</u> c. LENGTH OF STAY (In this place) <u>14 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FRANKCLAY</u> <u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FRANKCLAY</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE</u> b. (Middle) <u>P.</u> c. (Last) <u>MEGAS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 25, 1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 16, 1882</u>	9. AGE (In years last birthday) <u>71</u> (Months) <u>0</u> (Days) <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CENTERVILLE, MISSOURI</u>		
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>William McDonald</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY COTTON</u>	14. NAME OF HUSBAND OR WIFE <u>HARRY MEGAS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HARRY MEGAS</u> ADDRESS <u>FRANKCLAY, MO</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CIRCULATORY FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u> <u>18 HOURS</u> <u>30 YEARS</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY THROMBOSIS AND MYOCARDIAL INFARCTION</u>		
	DUE TO (c) <u>ARTERIOSCLEROSIS</u>		
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 <u>4201</u>	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)
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?

22. I hereby certify that I attended the deceased from NO, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. M. Beck</u> (Degree or title)	23b. ADDRESS <u>D.O. 2 Leadwood, Mo.</u>	23c. DATE SIGNED <u>12/29/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12/29/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BISMARCK MASONIC</u>	24d. LOCATION (City, town, or county) (State) <u>BISMARCK, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 29, 1953</u>	REGISTRAR'S SIGNATURE <u>Ether Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BERT L. BOYER</u> ADDRESS <u>LEADWOOD, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

AUG 10 1955

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 E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.