

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17754

BIRTH NO.		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6294		Registrar's No. 21			
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Greene 6294				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Greene 6294					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 1130					
3. NAME OF DECEASED (Type or Print)		a. (First) Georgia		b. (Middle) J.		c. (Last) Meek			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 1, 1867			
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.		4. DATE OF DEATH May 27, 1954			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Dallas, Texas		12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Thomas Robinson		13b. MOTHER'S MAIDEN NAME Margret Callison		14. NAME OF HUSBAND OR WIFE Charles E. Meek, Deceased					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Gloe Meek ADDRESS St. Joseph, Missouri					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, generalized								5yrs	
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 3 Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Pneumonia								1month	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500						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) m.		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 April 24, 1954 to May 27, 1954 , that I last saw the deceased alive on May 26, 1954 , and that death occurred at 3a m. , from the causes and on the date stated above.									
23a. SIGNATURE Frank B. Peterson MD (Degree or title)				23b. ADDRESS Grant City Mo		23c. DATE SIGNED 5-28-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 30, 1954		24c. NAME OF CEMETERY OR CREMATORY Oxford Cemetery		24d. LOCATION (City, town, or county) (State) Worth County, Missouri			
DATE REC'D BY LOCAL REG. 6-1-1954		REGISTRAR'S SIGNATURE Peter E. Dawson 345-		25. FUNERAL DIRECTOR'S SIGNATURE Bill Dunfee ADDRESS Grant City, 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Bill A. Dwyer

Licensed Embalmer No. *4908*

P. O. Address. *Grant City, 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.