

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

FILED OCT 5 1954

State File No. **29770**

BIRTH NO. _____		REG. DIST. NO. <u>20</u>		PRIMARY REG. DIST. NO. <u>4031</u>		Registrar's No. <u>2</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY <u>Bates</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Bates</u>			
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian</u>		d. STREET ADDRESS (If rural, give location) _____		_____ <u>0070</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)						
a. (First) <u>John</u>		b. (Middle) <u>Earl</u>		c. (Last) <u>Mead</u>		<u>Oct. 2, 1954</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 20, 1883</u>			
9. AGE (In years last birthday) <u>71</u>		if UNDER 1 YEAR <u>0</u> Months		if UNDER 1 YEAR <u>13</u> Days		if UNDER 1 YEAR _____ Hours _____ Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Adrian Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>George Mead</u>		13b. MOTHER'S MAIDEN NAME <u>Thursey Hopkins</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Rosena Mead</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lutie Shirar</u>			ADDRESS <u>Adrian 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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				<u>Acute Hemorrhage</u>					
ANTECEDENT CAUSES				Morbidity 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 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) <u>Adrian Bates Mo.</u>					
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 <u>11-6</u> , 19 <u>43</u> , to <u>10-2</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-1</u> , 19 <u>54</u> , and that death occurred at <u>7:30</u> A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>D. J. Colson</u>				23b. ADDRESS <u>Adrian Mo.</u>		23c. DATE SIGNED <u>10-7-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-4-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-2-54</u>		REGISTRAR'S SIGNATURE <u>Myra Owens</u>		16-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lit Funeral Service, Adrian Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 19 1967

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 _____

Licensed Embalmer No. 3650

P. O. Address Adrian 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.