

FILED MAR 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. **7322**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **309**

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |                                   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Joseph</b> |  | c. LENGTH OF STAY (in this place)<br><b>14 years</b>  | c. CITY OR TOWN <b>St. Joseph</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1212 Frederick Ave.</b>                     |  | e. STREET ADDRESS (If rural, give location)<br><b>1212 Frederick Ave.</b>   |                                   |

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Hilma</b> b. (Middle) _____ c. (Last) <b>Meek</b> |                                  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>March 21, 1955</b>   |   |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widowed</b>   | 8. DATE OF BIRTH<br><b>July 25, 1892</b>                                    |
| 9. AGE (In years last birthday) <b>72</b> Months <b>62</b>   |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>ret. employee</b> |   |
| 10a. USUAL OCCUPATION  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Laundry</b>  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Greeley, Colo.</b> |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                                  | 13a. FATHER'S NAME<br><b>unknown</b>   |   |

|   |  |   |  |
|---|--|---|--|
| 13b. MOTHER'S MAIDEN NAME<br><b>unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Ray</b>     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |  | 16. SOCIAL SECURITY NO.<br><b>506-03-1565</b> |  |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Lew Reynolds, 1206 Frederick, St. Joseph, Mo.</b>                |  |   |  |

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b> |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Woman apparently died suddenly</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 day</b>   |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>General Arteriosclerosis unknown</b>  |  | DUE TO (b) _____   |  |
| DUE TO (c) _____  |  | <b>4201</b>  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>There is no history of recent serious illness or disability</b> |  | 20. AUTOPSY?<br>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 examined the deceased on **3/21, 1955**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1:00 P.M.**, from the causes and on the date stated above.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title)<br><b>H. F. Mundy (Coroner) in D.</b>   |  | 23b. ADDRESS<br><b>St. Joseph, Mo.</b> |  | 23c. DATE SIGNED<br><b>3/21/55</b>                            |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>               |  | 24b. DATE<br><b>3/24/1955</b>          |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Cormack Cemetery</b> |  |
| 24d. LOCATION (City, town, or county) (State)<br><b>Albany, Missouri</b> |  |  |  |   |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG.<br><b>March 24, 1955</b> |  | REGISTRAR'S SIGNATURE<br><b>Catherin M. Allison</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Keaton-Bowman St. Joseph, Mo.</b> |  |
|---|--|---|--|--|--|

(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.....  
Signature of Student Embalmer

Signed *William Spaulding*.....

Licensed Embalmer No. 453

P. O. Address 3195 10<sup>th</sup> St. S.E.

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.