

FILED MAY 2 1955

STANDARD CERTIFICATE OF DEATH

State File No. 11487

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin 0360	
b. CITY (If outside corporate limits, write RURAL and give town) Washington 0		c. LENGTH OF STAY (in this place) 1 dy	c. CITY OR TOWN St. Clair
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) Prairie Twp.	

3. NAME OF DECEASED (Type or Print) a. (First) Bruce	b. (Middle) H	c. (Last) Meeker	4. DATE OF DEATH (Month) (Day) (Year) April 26, 1955
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 8, 1897	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tax Consultant	10b. KIND OF BUSINESS OR INDUSTRY Ind. Firm	11. BIRTHPLACE (City and State or Foreign Country) Wichita, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Hildreath Clay	13b. MOTHER'S MAIDEN NAME Mattie Walker	14. NAME OF HUSBAND OR WIFE Lucille Meeker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) WW 1 561-14-4682	17. INFORMANT'S SIGNATURE OR NAME Lucille Meeker	ADDRESS St. Clair, Mo.
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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, asthma, 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) URBEMIA		5 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMATOSIS DUE TO (c) PRIMARY CA OR PROSTATE		6 mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HAD RHODODYMY AT MAYOS DURING PAST YEAR		5 yrs	

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 **5-15 1954**, to _____, 19____, that I last saw the deceased alive on **4-24 1955**, and that death occurred at **8:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE John Pearl (Degree or title) M.D.	23b. ADDRESS St. Clair, Mo.	23c. DATE SIGNED 4-26-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 28-55	24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	24d. LOCATION (City, town, or county) (State) St. Clair, Mo.
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DATE REC'D BY LOCAL REG. 4/27/55	REGISTRAR'S SIGNATURE F. E. Heiderman	25. FUNERAL DIRECTOR'S SIGNATURE Cusey & Lenat	ADDRESS St. Clair, Mo
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(Licensed Embalmer's Statement on reverse side)

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

MS JAN 20 1956

FEB 17 1956

4951 5 11 AM

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 *K. M. Leno*.....

Licensed Embalmer No. *360*

P. O. Address *St. Clair*

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.