

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Cumt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cumt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cynthiana</u>		c. CITY OR TOWN <u>Cynthiana</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>12 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>East 18th 07820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emmanuel</u>	b. (Middle) <u>Wesley</u>	c. (Last) <u>Meeker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-22-55</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>abt 72</u>	9. AGE (In years last birthday) <u>abt 72</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>From Galois</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Madison Co Miss</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Emmanuel Meeker</u>	13b. MOTHER'S MAIDEN NAME <u>Mina Florence</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Johnson</u>	ADDRESS <u>Cynthiana</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>
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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?
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22. I hereby certify that I attended the deceased from 4/18, 1955, to 4/22, 1955, that I last saw the deceased alive on 4/22, 1955, and that death occurred at 8p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. W. L. ...</u> (Degree or title)	23b. ADDRESS <u>Cynthiana, Mo</u>	23c. DATE SIGNED <u>4/27/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-26-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Paul</u>	24d. LOCATION (City, town, or county) (State) <u>Cynthiana Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-6-1955</u>	REGISTRAR'S SIGNATURE <u>Fessie B. Wilke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Armon and C. Stubbins</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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5-15455

MAY 6 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79.
CARTHERSVILLE, MOI.

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 *John St. Germain*.....

Licensed Embalmer No. *1355*

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