

FILED AUG 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27395**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 226

0940  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Frankclay</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Frankclay</u>	
c. LENGTH OF STAY (in this place) <u>4 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Frankclay</u>			

3. NAME OF DECEASED a. (First) <u>Harry</u> b. (Middle) <u>-----</u> c. (Last) <u>Megas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4, 1955</u>	
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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>Feb. 20, 1885</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u>		IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Paper Bag</u>				11. BIRTHPLACE (State or foreign country) <u>Greece</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Theodore Megas</u>			13b. MOTHER'S MAIDEN NAME <u>Sofia Kaura</u>			14. NAME OF HUSBAND OR WIFE <u>Rose Megas</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>*****</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Boerma</u>		ADDRESS <u>Pensacola, Florida</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive circulatory failure</u>			ANTECEDENT CAUSES				2-3 years	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) <u>Decompensated Heart failure</u>				8-10 years	
			DUE TO (c) <u>arteriosclerosis</u>					
			II. OTHER SIGNIFICANT CONDITIONS <u>4500</u>					

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) (Min.)			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 June 11, 1954, to Aug. 4, 1955, that I last saw the deceased alive on Nov. 13, 1954, and that death occurred at 1:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. M. Beck</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Leadwood, Mo.</u>		23c. DATE SIGNED <u>8-6-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/6/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bismark, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 6, 1955</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BERT L. BOYER</u>		ADDRESS <u>LEADWOOD, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1956

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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leedswood, 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.