

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

32730

State File No. \_\_\_\_\_

FILED NOV 4 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 4428 Registrar's No. 11

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

0350

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Dunklin</u>		a. STATE <u>West Va.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath, Mo.</u>		c. CITY OR TOWN <u>Huntington</u>	
c. LENGTH OF STAY (In this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) <u>2001 R. Monroe</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>Charles</u>	b. (Middle) <u>Mathews</u>	c. (Last) <u>Meddings</u>	<u>Oct. 4 1955</u>		

<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Single</u>		<b>8. DATE OF BIRTH</b> <u>Oct. 20, 1926</u>		<b>9. AGE</b> (In years last birthday) <u>29</u>		<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 18 HRS.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Unknown</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>W. Va.</u>			<b>12. CITIZEN OF WHAT COUNTRY?</b> _____		

<b>13a. FATHER'S NAME</b> <u>John R. Meddings</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> _____	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>		<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>John R. Meddings</u>		<b>ADDRESS</b> <u>Huntington, WVA</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<p><i>*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></p>		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hemorrhage due to Carotid Artery being severed</u>				<u>5 min.</u>	
		<b>ANTECEDENT CAUSES</b>					
		DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		<b>II. OTHER SIGNIFICANT CONDITIONS</b>					
		Conditions contributing to the death but not related to the disease or condition causing death.					

<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Accident</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, office, street, office bldg., etc.) <u>Highway #23</u>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Senath Dunklin Mo.</u>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>Oct. 4, 1955 8:00A</u>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <u>Car collision and thrown thru windshield.</u>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8:05 A m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Quincy Tamm</u> (Degree or title) _____		<b>23b. ADDRESS</b> <u>Kennett, Mo.</u>		<b>23c. DATE SIGNED</b> <u>Oct. 24, 1955</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Oct. 7, 55</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Senath, Cem.</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Senath, Mo.</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>10-25-55</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Mrs. J. A. Lester</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>McDaniel Funeral Service, Senath, MO</u>		<b>ADDRESS</b> _____	
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 10-31-55

COUNTY FILE NUMBER 1055-2

NOV 22 1955  
NOV 22 1955

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 *Edwin P. Cannon*.....

Licensed Embalmer No. *48*

P. O. Address *Senath*.....

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.