

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **58** PRIMARY REG. DIST. NO. **5212** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Carter		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SHANNON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - CARTER TWP TRANS. T		c. CITY OR TOWN WINONA	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 MI. NORTH VAN BUREN - Hy 60		f. STREET ADDRESS (If rural, give location) Gen Delivery	

3. NAME OF DECEASED (Type or Print) a. (First) Bessie b. (Middle) LEONA c. (Last) MENG			4. DATE OF DEATH (Month) (Day) (Year) Dec 8, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 12-24-1895		9. AGE (In years last birthday) 59 IF UNDER 1 YEAR: Months 11 Days 14 IF UNDER 1 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) OKLAHOMA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME AZRIA CUTT		13b. MOTHER'S MAIDEN NAME Lucindia JACKSON		14. NAME OF HUSBAND OR WIFE JAMES MENG - Deceased	
--------------------------------------	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucie Yang Blood, WINONA, MO.	
--	--	-------------------------	--	--	--

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Neck ANTECEDENT CAUSES DUE TO (b) Internal Injuries DUE TO (c) Auto Accidents Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH Instantly
---	--	---	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hy 60 3 MI. N. Van Buren		21c. (CITY, TOWN, OR TOWNSHIP) Carter (COUNTY) Carter (STATE) Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 8 1955 7:30 A		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Accidents	

22. I hereby certify that I attended the deceased from **Death on Arrival**, 19**55**, that I last saw the deceased alive on **19**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Coleman M. Sporen		23b. ADDRESS Van Buren Mo.		23c. DATE SIGNED 12-8-55	
---	--	-----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-11-55		24c. NAME OF CEMETERY OR CREMATORY Muncie Chapel	
				24d. LOCATION (City, town, or county) (State) SHANNON County MO	

DATE REC'D BY LOCAL REG. Jan. 4-1956		REGISTRAR'S SIGNATURE Mrs Oeta Herndon		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Coleman M. Sporen Van Buren Mo	
---	--	---	--	--	--

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

MAR 16 1956

JAN 10 1957

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 *Allen C. McGovern*

Licensed Embalmer No. 454

P. O. Address *Van Buren*

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.