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| BIRTH NO. _____ | | REG. DIST. NO. <u>209</u> | | PRIMARY REG. DIST. NO. <u>3043</u> | | Registrar's No. <u>81</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN <u>Hannibal</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>719 Sycamore</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> | | | b. (Middle) <u>R.</u> | | c. (Last) <u>Mefford</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-29-1956</u> |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>6/6/1883</u> | |
| 9. AGE (In years last birthday) <u>72</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Standard Life Ins. Co.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>George T. Mefford</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Belle Hahl</u> | | 14. NAME OF HUSBAND OR WIFE <u>Bertha Mefford</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No.</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bertha Mefford, 719 Sycamore Hannibal, Mo.</u> | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u> ANTECEDENT CAUSES <u>Chr. myocarditis, arteriosclerotic in type, with decompensation</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from <u>2/19/56</u> , 19 <u>56</u> , to <u>2/27/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/29/56</u> , 19 <u>56</u> , and that death occurred at <u>9:25A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>B. L. Murphy M.D.</u> | | | | 23b. ADDRESS <u>Hannibal, Mo.</u> | | 23c. DATE SIGNED <u>3/2/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/3/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>3/7/56</u> | | REGISTRAR'S SIGNATURE <u>S. Emelucke By J. C. Foster</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. O'Donnell</u> | | ADDRESS <u>Hannibal, Mo.</u> | |

RECEIVED MAR 10 1956
MARION CO. HEALTH DEPT.
DATE FILED MAR 10 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.....
Signature of Student Embalmer

Signed..... *H M O'Donnell*

Licensed Embalmer No..... 388

P. O. Address Hannibal, M

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.