

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26209**
 Registrar's No. **227**

FILED AUG 27 1956

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. CITY OR TOWN Cameron	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 31 yrs		e. STREET ADDRESS (If rural, give location) 0201	
d. FULL NAME OF HOSPITAL OR INSTITUTION: State Hospital #1, Fulton, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) Elza	b. (Middle) M.	c. (Last) Meek	4. DATE OF DEATH (Month) (Day) (Year) Aug. 22 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH unknown July 12 1876	9. AGE (In years) (Month) (Day) (Year) 80	10. IF UNDER 1 YEAR: Months _____ Days _____	11. IF UNDER 1 YEAR: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown Retired	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) USA DeKalb County Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME NENRY unknown Meek	13b. MOTHER'S MAIDEN NAME unknown Nancy Whitaker	14. NAME OF HUSBAND OR WIFE Mrs Elza Meek Jennie Meek
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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. No	17. INFORMANT'S SIGNATURE OR NAME State Hospital Records, Fulton, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis 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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 422
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **1-16-1956** to **Aug 22 1956**, that I last saw the deceased alive on **8/21/56**, 19**56**, and that death occurred at **5:50 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Nicholas, M.D. by B.C. Lepler, M.D.	(Degree or title) (Signature) State Hospital, Fulton, Mo.	23b. ADDRESS	23c. DATE SIGNED 8/22/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/24/56	24c. NAME OF CEMETERY OR CREMATORY MAUSVILLE CEMETERY MAUSVILLE	24d. LOCATION (City, town, or county) (State) MO
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DATE REC'D BY LOCAL REG. Aug 25-1956	REGISTRAR'S SIGNATURE Maretta Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Margie Funeral Home Fulton Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

426-0

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 *May A. Stewart*

Licensed Embalmer No. *3722*

P. O. Address *Fulton 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.