

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27705

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>PARIS</u>		c. LENGTH OF STAY (in this place) <u>14 yrs</u>	c. CITY OR TOWN <u>PARIS</u> d. Is Residence within limits of a city or corporate town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>646 W. LOCUST ST.</u>		STREET ADDRESS (If rural, give location) <u>646 W. LOCUST ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u>		b. (Middle) <u>LEE</u>	
		c. (Last) <u>METEER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 20, 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>JAN 2, 1876</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>VICTOR, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>TORTERFIELD METEER</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCIS M. UPTON</u>	
14. NAME OF HUSBAND OR WIFE <u>YAVIE METEER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. O.L. METEER, PARIS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Rectum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>8-21-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Rectum</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>SUICIDE</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>PARIS, MO.</u>	
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>Jan 2, 1956</u> , to <u>8-20, 1956</u> , that I last saw the deceased alive on <u>8-20, 1956</u> , and that death occurred at <u>8:30 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degrees or title) <u>M. D.</u>		23b. ADDRESS <u>PARIS, MO</u>	
23c. DATE SIGNED <u>8-21-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>8-22-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>	
24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. A. Barnett, M. D. Speed & Blakey, PARIS, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>8-21-56</u>		REGISTRAR'S SIGNATURE <u>J. A. Barnett, M. D.</u>	

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

4355

1956

SEP 5 1956

FEB 28 1963

SEP 28 1956

MAY 2 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 *E. H. Higney*

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.