

FILED NOV 7-1956

STANDARD CERTIFICATE OF DEATH

State File No. 36761

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6172 Registrar's No. 50

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Stone  |  | 2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission)<br>a. STATE Mo. b. COUNTY Stone |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Rural Washington 50 3/4 |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Rural Salina Mo P-3                   |  |
| c. LENGTH OF STAY (in this place)   |  | d. STREET ADDRESS (If rural, give location)<br>1040   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |   |  |

|  |                     |  |  |  |   |
|--|---------------------|--|--|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Nora<br>b. (Middle) Alice<br>c. (Last) Meeks        |                     |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>Oct 25 1956    |  |   |
| 5. SEX F   | 6. COLOR OR RACE wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH<br>July 25-1880                           |  | 9. AGE (In years last birthday) 76 2/3 mo |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife |                     | 10b. KIND OF BUSINESS OR INDUSTRY                      | 11. BIRTHPLACE (City and State or Foreign Country)<br>Okla |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S       |

|  |  |   |  |   |                                  |
|--|--|---|--|---|----------------------------------|
| 13a. FATHER'S NAME<br>William Patrick Brown  |  | 13b. MOTHER'S MAIDEN NAME<br>Sarah E. ? |  | 14. NAME OF HUSBAND OR WIFE<br>William Meeks                  |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no |  | 16. SOCIAL SECURITY NO.<br>no           |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Dex Meeks Salina Mo. P-3 |                                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)                                      |  | MEDICAL CERTIFICATION                   |  |   | INTERVAL BETWEEN ONSET AND DEATH |

|  |  |  |
|--|--|--|
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis   |  | Interval between onset and death<br>Inst |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  |  |
| ANTECEDENT CAUSES  |  |  |
| Morbidity 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<br>Conditions contributing to the death but not related to the disease or condition causing death.            |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION<br>4201   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) |  | 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 death, 1956, to Oct 25, 1956, that I last saw the deceased on Oct 25, 1956, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

|                          |  |                   |  |                           |  |                                 |  |
|--------------------------|--|-------------------|--|---------------------------|--|---------------------------------|--|
| 23a. SIGNATURE<br>Murray |  | (Degree or title) |  | 23b. ADDRESS<br>Salina Mo |  | 23c. DATE SIGNED<br>25 Oct 1956 |  |
|--------------------------|--|-------------------|--|---------------------------|--|---------------------------------|--|

|   |  |                          |  |   |  |  |  |
|---|--|--------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial |  | 24b. DATE<br>Oct 30 1956 |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Salina Cemetery |  | 24d. LOCATION (City, town, or county) (State)<br>Salina Mo |  |
|---|--|--------------------------|--|---|--|--|--|

|                                       |  |  |  |   |  |                      |  |
|---------------------------------------|--|--|--|---|--|----------------------|--|
| DATE REC'D BY LOCAL REG.<br>Oct 29-56 |  | REGISTRAR'S SIGNATURE<br>Mrs J. Elmer Bussan |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>E. Cheatham |  | ADDRESS<br>Salina Mo |  |
|---------------------------------------|--|--|--|---|--|----------------------|--|

Rudena Murray (Licensed Embalmer's Statement on Reverse Side)

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

17.0

**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 .....  
Student Embalmer

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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 this body is not embalmed, fact should be so stated above.