

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 017737
STATE FILE NUMBER

FILED JUN 10 1957

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson ✓					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Washington Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whiteman AF Base Hospital			Length of stay in 1b 28 days		d. STREET ADDRESS (If outside, give location) Whiteman AF Base, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Edna Middle Meigs Last Strong				4. DATE OF DEATH Month May Day 31 Year 1957					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 6, 1890		9. AGE (In years last birthday) 67 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) Dothan, Alabama		12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Samuel K Meigs				14. MOTHER'S MAIDEN NAME Etta Russ					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) -			16. SOCIAL SECURITY NO. -		17. INFORMANT Chia S. Lewis Address _____				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septemic lobular pneumonia, bilateral, all lobes DUE TO (b) Extensive pleural and pulmonary metastases, bilateral DUE TO (c) Primary carcinoma of left breast 170x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cross-section of carcinoma, mediastinal lymph node, into right pulmonary artery							INTERVAL BETWEEN ONSET AND DEATH 22 March 1957 to 31 May 1957		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) -							
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>							
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -		20f. CITY, TOWN, OR LOCATION -		COUNTY -		STATE -			
21. I attended the deceased from 22 March 1957 to 31 May 1957 and last saw her alive on 31 May 1957 Death occurred at 9:28 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) John B. MacR. M.D.				22b. ADDRESS Whiteman Air Force Base, Mo		22c. DATE SIGNED 31 May 57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-1-57		23c. NAME OF CEMETERY OR CREMATORY Palatka		23d. LOCATION (City, town, or county) (State) Palatka, Florida			
24. FUNERAL DIRECTOR W. G. Brundage, Warrenburg Mo ADDRESS _____				25. DATE RECD. BY LOCAL REG. 6-1-57		26. REGISTRAR'S SIGNATURE Erma L. Beatty			

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Health, Welfare & Public Service

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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 ~~me~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *R. V. B. [Signature]*.....

Licensed Embalmer No. 33

P. O. Address *W. [Signature]*

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.