

Health, Welfare, Public Service

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All diseases in Part I must be causally related.

J. M. Haight USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0212 23
STATE-FILE NUMBER 2761

FILED JUN 28 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2761

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <i>Hanessa City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Hanessa City</i>
c. FULL NAME OF (If NOT in hospital, give location) <i>4000 Myrtle</i>		Length of stay in lb <i>2 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>4000 Myrtle</i>
3. NAME OF DECEASED (Type or print) <i>ORA SMITH MEADORS</i>			4. DATE OF DEATH Month <i>June</i> Day <i>10</i> Year <i>1957</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March-4-1886</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	11. BIRTHPLACE (City and state or country) <i>Pike Co., Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Smith Meadows</i>	
13b. MOTHER'S MAIDEN NAME <i>Mary J. Russell</i>		14. NAME OF HUSBAND OR WIFE <i>Minnie Pearl</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>497-28-245</i>	
17. INFORMANT <i>Ms. Minnie Meadows</i>		Address <i>4000 Myrtle KC., Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4-5 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Carcinoma of Prostate G</i>			<i>4 yrs?</i>
DUE TO (c) <i>Generalized Metastases</i>			<i>17 X</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 WORK <input type="checkbox"/> NOT WHILE 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 <i>3-7-57</i> to <i>6-10-57</i> and last saw him alive on <i>6-8-57</i> Death occurred at <i>12:30 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. M. Haight M.D.</i>		22b. ADDRESS <i>3401 E 12th KC Mo</i>	22c. DATE SIGNED <i>6-10-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>6-12-1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Spewell Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Urbana Mo</i>
24. FUNERAL DIRECTOR <i>C. J. Blackman & Son Inc</i>		25. DATE RECD. BY LOCAL REG. <i>6-12-57</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>

K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 *W.C. Quinn*

Licensed Embalmer No. *4879*

P. O. Address *I. E. 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.