

FILED JUL 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57022266
57 (ST. FILE NUMBER)

Registration District No. 705 Primary Registration District No. 6047 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arizona b. COUNTY Maricopa			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cuivre Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Phoenix		8020 8 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles West of Wentzville, Mo.			Length of stay in lb 3 days		d. STREET ADDRESS (If outside, give location) 3705 West Moreland		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Fowler Last Mead				4. DATE OF DEATH Month June Day 23 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 3, 1893		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Stock & Grain Farm		11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Nevin Gibbs Mead				14. MOTHER'S MAIDEN NAME Ina Fowler			
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. 352-09-8098		17. INFORMANT Charles Mead		Address Phoenix, Ariz.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDULLARY FAILURE							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) METASTATIC CARCINOMA TO CEREBRUM & MEDULLA		6-8 WEEKS			
		DUE TO (c) HYDROSTATIC (CERVICAL) MENINGEAL		1 YEAR			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 1981							19. WAS AUTOPSY PERFORMED? 2 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 _____ Month, Day, Year _____ 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 June 22, 1957 to June 22, 1957 and last saw ^{him} alive on June 22, 1957 Death occurred at 12:45 PM. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Marvin D. Hamilton D.O.				22b. ADDRESS WENTZVILLE, MISSOURI		22c. DATE SIGNED 6-24-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 25, 1957	23c. NAME OF CEMETERY OR CREMATORY Star Hope Baptist		23d. LOCATION (City, town, or county) (State) Elsberry, Missouri		
24. FUNERAL DIRECTOR Marvin Muschery Wentzville, Mo. (Licensed Embalmer's Statement on Reverse Side)				25. DATE RECD. BY LOCAL REG. June 27, 1957		26. REGISTRAR'S SIGNATURE Martin F. Buff	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms were observed. No standard numerators in item 10. No symptoms were observed. No standard numerators in item 10. No symptoms were observed. No standard numerators in item 10.

AUG 23 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Howard O. Kessler*

Licensed Embalmer No. *46*

P. O. Address *Wentz*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.