

FILED SEP 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27921

STATE FILE NUMBER

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MALDEN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MALDEN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>207N. DOUGLASS</u> Length of stay in lb <u>18 yrs.</u>		d. STREET ADDRESS <u>207 N. DOUGLASS</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JenO</u> Middle <u>Mecham</u> Last <u>Mecham</u>			4. DATE OF DEATH Month <u>AUGUST</u> Day <u>17</u> Year <u>1957</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-23-1891</u>
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>25</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>CAIRO, ILLINOIS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>JOHN T. WOOD</u>	
14. MOTHER'S MAIDEN NAME <u>SARAH IZORAW</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give unknown) <u>NO</u> (If yes, give dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>LOREN MECHAM</u> Address <u>MALDEN, MO.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumo-pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pneumonia, Metastatic abdominal cavity, primary site unknown</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>10 months</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>1997</u>	
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 _____ Minute _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
20e. CITY, TOWN, OR LOCATION _____		20f. COUNTY _____ STATE _____	
21. I attended the deceased from <u>May 13, 1957</u> to <u>August 17, 1957</u> and last saw her alive on <u>Aug 17, 1957</u> . Death occurred at <u>2:30 A. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>Charles Williams, M.D.</u>		22b. ADDRESS <u>MALDEN, MO.</u>	
22c. DATE SIGNED <u>8-18-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-19-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	23d. LOCATION (City, town, or county) (State) <u>MALDEN, MO.</u>
24. FUNERAL DIRECTOR <u>DAY FUNERAL HOME, MALDEN, MO.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>8-19-1957</u>	26. REGISTRAR'S SIGNATURE <u>J. Dr. Schuman</u>

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9/3/57

COUNTY FILE NUMBER 957-2

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 *J. G. Shuman*
Licensed Embalmer No. 40
P. O. Address *Mal*

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.