

FILED DEC 30 1957 STANDARD CERTIFICATE OF DEATH

State File No. **45213**

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY NODAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NODAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARYVILLE		c. LENGTH OF STAY (in this place) 6 da	c. CITY OR TOWN BURNINGTON JCT
d. FULL NAME OF HOSPITAL OR INSTITUTION ST FRANCIS HOSPITAL		f. STREET ADDRESS (If rural, give location) 0740	

3. NAME OF DECEASED (Type or Print) a. (First) NELLIE	b. (Middle) ELLEN	c. (Last) MEEK	4. DATE OF DEATH (Month) (Day) (Year) Dec. 9 1957
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 21, 1867	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 MIN. Hour	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) STARK COUNTY, ILL	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME GEORGE W NICHOLAS	13b. MOTHER'S MAIDEN NAME WINNIE DIXON	14. NAME OF HUSBAND OR WIFE JAY MECK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME JOHN MECK	ADDRESS BURNINGTON JCT, MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 0 YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? =
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22. I hereby certify that I attended the deceased from **Nov. 13, 1957**, to **Dec. 9, 1957**, that I last saw the deceased alive on **Dec. 9, 1957**, and that death occurred at **4 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE B. J. Byland (Degree or title) MD	23b. ADDRESS Burnington Jct Mo 17-18-57	23c. DATE SIGNED
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24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-12-57	24c. NAME OF CEMETERY OR CREMATORY OHIO CEMETERY	24d. LOCATION (City, town, or county) (State) BURNINGTON JCT MO
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DATE REC'D BY LOCAL REG. 12-28-57	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE John Meek	ADDRESS Burnington Jct Mo
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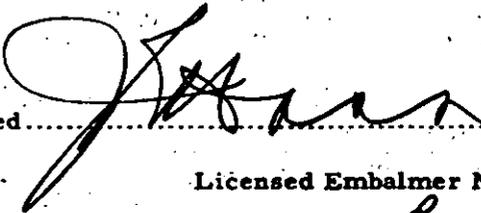
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

229 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
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 2965
P. O. Address. Carl Jet m

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.