

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006917

STATE FILE NUMBER

FILED FEB 18 1958

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 56

| | | | | | | | |
|---|----------------------------------|---|--|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Flat River</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Flat River</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | | Length of stay in ib | d. STREET ADDRESS <u>#311 Hickory St.</u> | | | Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Benjamin</u> Middle <u>Franklin</u> Last <u>Meadows</u> | | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>10</u> Year <u>1958</u> | | | |
| 5. SEX <u>Male</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>8/28/1880</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>13</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lead Miner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Mines</u> | | 11. BIRTHPLACE (City and state or country) <u>Des Arc, Iron Co, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>Us. A.</u> | |
| 13. FATHER'S NAME <u>James Meadows</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Elizabeth Jameson</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>493-03-9386</u> | | 17. INFORMANT <u>Clyde Meadows</u> Address <u>Esther. 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> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | 491X | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>arterio X renal degeneration, Cholelith</u> | | | | | | 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 <u>Feb 1-1958</u> to <u>Feb 10-1958</u> and last saw ^{her} him alive on <u>2-10-58</u> Death occurred at <u>II P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>W. G. Gabe</u> (Degree or title) <u>M.D.</u> | | | | 22b. ADDRESS <u>Quincy Mo</u> | | 22c. DATE SIGNED <u>2-11-58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>2/13/58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Polk Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Marble Creek Mo</u> | | |
| 24. FUNERAL DIRECTOR <u>Howell Funeral Home Ironton, Mo.</u> | | | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>Feb. 11, 1958</u> | 26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *C. A. Howell*.....

Licensed Embalmer No. *36*

P. O. Address *Monte*

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.