Health, & Welfare Public Service

. 300
1-57

6440
1

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025274
STATE FILE NUMBER

FILED AUG 7 1958 Registration District No. 139 Primary Registration District No. 4221 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY Holt
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Mound City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b: 3 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Holt
c. CITY OR TOWN Mound City 64400 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EDWARD Middle FLOYD Last MEAD
4. DATE OF DEATH: Month August Day 1 Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 17, 1895
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Oregon, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: John Mead
13b. MOTHER'S MAIDEN NAME: Rosean Raines
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Katherine McCombs, Forest City, Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) 4200
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 August 1, 1958 to August 1, 1958 and last saw him alive on August 1, 1950
Death occurred at 12:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thos W. Kinney (Degree or title) MD
22b. ADDRESS Mound City, Mo
22c. DATE SIGNED 8/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 3, '58
23c. NAME OF CEMETERY OR CREMATORY: Highland Cemetery
23d. LOCATION (City, town, or county) (State): Oregon, Missouri

24. FUNERAL DIRECTOR: James H Pettijohn — ADDRESS: Oregon, Missouri
25. DATE RECD. BY LOCAL REG.: 8-2-1958
26. REGISTRAR'S SIGNATURE: James A Crawford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 James H. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Organ 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.