

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038982

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1308

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp.		Length of stay in lb 33 yrs		d. STREET ADDRESS (If outside, give location) 0117 1917 No. 2nd St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WALTER WALLACE MEDDLES				4. DATE OF DEATH Month Day Year Dec. 5 1958			
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 Feb. 26, 1888		9. AGE (In years last birthday) 70 yrs	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafeteria		10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.		11. BIRTHPLACE (City and state or county) Phillips County, Kansas		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Andrew Meddles		13b. MOTHER'S MAIDEN NAME Missouri Jane McCormick		14. NAME OF HUSBAND OR WIFE Mrs. Nellie Meddles			
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. 487-05-1069		17. INFORMANT Mrs. Nellie Meddles		Address 1917 No. 2nd St. St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i>						INTERVAL BETWEEN ONSET AND DEATH <i>36 hours</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>arteriosclerosis generalized Residual hemiplegia Lt</i>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 <i>March 1950</i> to <i>12-5-58</i> and last saw ^{her} him alive on <i>12-4-58</i> Death occurred at <i>12:40A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Irwin Rosenthal M.D.</i>				22b. ADDRESS <i>St Joseph Mo</i>		22c. DATE SIGNED <i>12-5-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Dec. 8, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Ashland Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Joseph Missouri</i>		
24. FUNERAL DIRECTOR <i>Thames Funeral Home</i> ADDRESS <i>St. Joseph, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>Dec. 8, 1958</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Woodell</i>		

All diseases in Part I must be causally related.

Dr. Irwin I. Rosenthal
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph, 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.