URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1959

59-020477
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 700

ENDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Joseph
Length of stay in 1b: 37 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN / St.Joseph
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 224 Alabama
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JOHN Middle: NICHOLS Last: MEGOWN
4. DATE OF DEATH Month June Day 30 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/22/1893
9. AGE (last birthday) 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lab Cooler Dept.
10b. KIND OF BUSINESS OR INDUSTRY Swift & CO.
11. BIRTHPLACE (City and state or country) New London, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James S. Megown
13b. MOTHER'S MAIDEN NAME Blanche A. Nichols
14. NAME OF HUSBAND OR WIFE Bessie Megown
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. 487-05-1547
17. INFORMANT Bessie Megown Address 224 Alabama St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — unk.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 Feb.9,1959 to June 30,1959 and last saw her/him alive on June 30,1959
Death occurred at 7:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF M.A. Christ M.D.

22a. SIGNATURE Martin A. Christ M.D. (Degree or title)
22b. ADDRESS 6106 King Hill Ave.
22c. DATE SIGNED 7/1/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 3,1959
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) St.Joseph,Missouri

24. FUNERAL DIRECTOR Earl Clark
ADDRESS St.Joseph,Mo.
25. DATE RECD. BY LOCAL REG. July 9,1959
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Earl A Clark

Signature of Student Embalmer

Licensed Embalmer No. 4238

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.