

**FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE**  
**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS NOV 18 1959**

**.59-039544**

STATE FILE NUMBER

Registration District No. 109 Primary Registration District No. 5424 Registrar's No. 46

UNRECORDED

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural-Union Twp.</b>	Length of stay in 1b <b>4 yrs.</b>	c. CITY OR TOWN <b>Campbell</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Campbell, Rte.3</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <b>Rte. 3</b> (If outside, give location)	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ALBERT</b> Middle <b>O.</b> Last <b>MEATTE</b>	4. DATE OF DEATH Month <b>November</b> Day <b>2</b> Year <b>1959</b>
--	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 18, 1881</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>78</b> Days <b>78</b>	IF UNDER 24 HR Hours <b>78</b> Min. <b>78</b>
--------------------	-------------------------------	--	--	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Portageville, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
--	-----------------------------------	---	---

13a. FATHER'S NAME <b>Wm. Franklin Meatte</b>	13b. MOTHER'S MAIDEN NAME <b>Lillie Conrad</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>379-07-2875</b>	17. INFORMANT Address <b>Mrs. Dollie Foust, Luzerne, Michigan</b>
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <b>6:00</b> a.m. <b>6:00</b> p.m. <b>6:00</b> Month, Day, Year	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 <b>Portageville, Missouri</b> COUNTY STATE
--	--	--	---

21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at <b>6:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <b>Denton J. Law</b> <b>Coroner</b>	22b. ADDRESS <b>Kennett, Mo.</b>	22c. DATE SIGNED <b>11-11-59</b>
--	----------------------------------	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 8, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>DeLisle Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Portageville, Missouri</b>
---	-------------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS <b>Landess Funeral Home, Campbell, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>11-12-1959</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Beulah Campbell</b>
---	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 9 2 AON SA

**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

*Christine M. Landrum*

Licensed Embalmer No. 4227

P. O. Address Campbell

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.