

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006097

FILED VS MAR 15 1960

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 33

INDEXED

1. PLACE OF DEATH a. COUNTY IRON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY IRON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN IRONTON	Length of stay in 1b 5 DAYS	c. CITY OR TOWN GRANITEVILLE MO.	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL		d. STREET ADDRESS (If outside, give location) 315 W. RUSSELL	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last THOMAS EARL MEADE			4. DATE OF DEATH Month Day Year MARCH 4 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH OCT 26	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STONE MASON		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) GRANITEVILLE MO		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME EMIEL MEADE		13b. MOTHER'S MAIDEN NAME LINDA MOYER		14. NAME OF HUSBAND OR WIFE Mrs ADDIE FERGUSON		

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.	17. INFORMANT Mrs ADDIE FERGUSON	Address 605 CLARA ST LOUISIA MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 6 days
IMMEDIATE CAUSE (a)	Pneumonia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	Arteriosclerotic heart disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pyelitis	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
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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. 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 IRONTON	COUNTY MISSOURI	STATE MO
21. I attended the deceased from 2-1-60 to 3-4-60 and last saw ^{her} him alive on 3-4-60 Death occurred at 12:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Marvin C. Menne	(Degree or title) M.D.	22b. ADDRESS Ironton, Missouri	22c. DATE SIGNED 3-5-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MARCH 6 1960	23c. NAME OF CEMETERY OR CREMATORY ELSON	23d. LOCATION (City, town, or county) (State) Bellevue MO
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24. FUNERAL DIRECTOR WHITE FUNERAL HOME	ADDRESS IRONTON MO	25. DATE RECD. BY LOCAL REG. 3-5-60	26. REGISTRAR'S SIGNATURE Mrs Avis Jones
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ancey White

Licensed Embalmer No. 3012

P. O. Address Trouton Hill

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.