URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1 1960

60-012105

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weston — Length of stay in 1b 3¼ years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Matthew's Nursing Home — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Henry Middle B. Last Meeker

4. DATE OF DEATH Month March Day 19 Year 1960

5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10-2-69
9. AGE (last birthday) 90 — 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) carpenter
10b. KIND OF BUSINESS OR INDUSTRY building
11. BIRTHPLACE (City and state or country) Butler Co. Ohio
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME B. F. Meeker
13b. MOTHER'S MAIDEN NAME Brown
14. NAME OF HUSBAND OR WIFE Beatrice McColloch

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 Bernard Meeker Address Weston, Mo.

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) Ch. Myocarditis, Cholecystitis, Gastritis — INTERVAL BETWEEN ONSET AND DEATH 6 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Advancing years — 15 yr
DUE TO (c) XXXXXXXX — XX

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Rheumatoid arthritis

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 ☐ XXXXXXXXX
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) XXXXXXXXXXXX
20c. TIME OF INJURY Hour a.m. p.m. XXXXXXXXX Month, Day, Year XXXXXX
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ XXXXXXX
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXXXXXXXXX
20f. CITY, TOWN, OR LOCATION Weston COUNTY Platte Co. STATE Missouri

21. I attended the deceased from Sept. 29, 1956 to March 18, 1960 and last saw her/him alive on March 18, 1960
Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lewis G. Colbert M.D. (Degree or title)
22b. ADDRESS Weston, Missouri
22c. DATE SIGNED 3/22/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-22-60
23c. NAME OF CEMETERY OR CREMATORY Mount Vernon Cem.
23d. LOCATION (City, town, or county) (State) Monroe City, Mo.

24. FUNERAL DIRECTOR Vaughn Funeral Home ADDRESS Weston, Mo.
25. DATE RECD. BY LOCAL REG. Mar. 22, 1960
26. REGISTRAR'S SIGNATURE Ophia Rollins

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 7

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