

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012254

FILED VS. MAR 23 1960

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 110

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		c. CITY OR TOWN Potosi	
Length of stay in 1b 2 day's		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		d. STREET ADDRESS (If outside, give location) 910 Richeson	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Oscar Farrar Meadows			4. DATE OF DEATH Month Day Year March 16th. 1960				
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 Oct. 14, 1898 - 61	9. AGE (last birthday)	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) Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Mines		11. BIRTHPLACE (City, and state or country) Desloge, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Isaac D. Meadows		13b. MOTHER'S MAIDEN NAME Carrie Lindsey		14. NAME OF HUSBAND OR WIFE Lillian Meadows			
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. 490-01-5249		17. INFORMANT Address Robert Meadows, St. Louis, 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) Coronary Occlusion following General overexertion of following a ride of 14 miles and return for tooth extraction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 5 Min
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 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 Month, Day, Year a.m. p.m.		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 COUNTY STATE	
21. I attended the deceased from 3/17/60 to 3/17/60 and last saw him alive on 3/17/60 Death occurred at 6:35 P.m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John W. Hunt MD		22b. ADDRESS Leadwood Mo	
22c. DATE SIGNED 3/18/60		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	
Burial	3/19/1960	Oddfellows Cemetery	
24. FUNERAL DIRECTOR ADDRESS C.Z. Boyer & Son, Inc. Desloge, Mo		25. DATE RECD. BY LOCAL REG. Mar. 18, 1960	
26. REGISTRAR'S SIGNATURE Eather Rudloff			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 63 MYK
SEP 13 1960

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 Burlin T. Boyer, Jr. Student Embalmer No. 599

working under my personal supervision.

Student Burlin T. Boyer, Jr.
Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 366

P. O. Address DeSage,

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