

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022446

FILED VS JUL 11 1960

Registration District No. 42 Primary Registration District No. 3007 Registrar's No. 363

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Butler.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff.</u>		Length of stay in 1b <u>5 days.</u>		c. CITY OR TOWN <u>Doniphan, Route 1 (Rural).</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>7 Miles S. of Doniphan, Mo.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Martin</u> Last <u>Meadors.</u>				4. DATE OF DEATH Month <u>June</u> Day <u>1</u> Year <u>1960.</u>									
5. SEX <u>Male.</u>		6. COLOR OR RACE <u>White.</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Mar. 10, 1909.</u>		9. AGE (last birthday) <u>51.</u>		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) <u>Timber worker.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Forestry.</u>		11. BIRTHPLACE (City and state or country) <u>Doniphan, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>William Meadors.</u>				13b. MOTHER'S MAIDEN NAME <u>Rachel McMahon.</u>				14. NAME OF HUSBAND OR WIFE <u>Pearl Meadors.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>				16. SOCIAL SECURITY NO. -		17. INFORMANT <u>Pearl Meadors, Doniphan, Mo.</u> Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary heart disease.</u>										INTERVAL BETWEEN ONSET AND DEATH			
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 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 checked="" 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 <u>May 25 1960</u> to <u>June 1st 1960</u> and last saw her <u>June 17 1960</u> alive on <u>June 17 1960</u> Death occurred at <u>788</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Wm. Kurchan, M.D.</u> (Degree or title)						22b. ADDRESS <u>Poplar Bluff, Mo.</u>			22c. DATE SIGNED <u>6-18-1960.</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		23b. DATE <u>June 4, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri.</u>					
24. FUNERAL DIRECTOR <u>Ray Meador, Doniphan, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>6/21/60</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>							

DOCUMENT

MEDICAL CERTIFICATION

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 Ray Mearns

Licensed Embalmer No. 3743

P. O. Address Doniphan

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