

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
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FILED VS JUL 27 1960

-60-026442

INDEXED

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 53 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stanberry		Length of stay in 1b 59 years	c. CITY OR TOWN Stanberry
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 114 S. Alanthus Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 114 S. Alanthus Ave.
3. NAME OF DECEASED (Type or print) First Ida Middle May Last Meek		4. DATE OF DEATH Month July Day 15 Year 1960	
5. SEX Female	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 5-2-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Jacksonville, Illinois
13a. FATHER'S NAME Richard Canaday		13b. MOTHER'S MAIDEN NAME Amanda Adams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address W.M. W. MEEK, STANBERRY, MO.	

9. AGE (last birthday) 80		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
12. CITIZEN OF WHAT COUNTRY USA		14. NAME OF HUSBAND OR WIFE William Wesley Meek	
16. SOCIAL SECURITY NO. —		17. INFORMANT Address W.M. W. MEEK, STANBERRY, 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) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1 month
DUE TO (b) Hypertension		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tactis - Embolus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 4:30 Month, Day, Year 1957	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 Stanberry COUNTY Missouri STATE Missouri

21. I attended the deceased from **1957** to **July 15-1960** and last saw her **July 14-1960** alive on **July 14-1960**.
 Death occurred at **4:30** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. J. Milligan (Degree or title)	22b. ADDRESS Stanberry, Mo.	22c. DATE SIGNED 7-18-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-17-1960	23c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery
23d. LOCATION (City, town, or county) Stanberry		(State) Missouri

24. FUNERAL DIRECTOR Johnson Funeral Home, Stanberry, Mo	25. DATE RECD. BY LOCAL REG. 7-18-60	26. REGISTRAR'S SIGNATURE Mo. L. W. Bare
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(Licensed Embalmer's Statement on Reverse Side)

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 *Rose E. Johnson*

Licensed Embalmer No. 4948

P. O. Address Stander

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.