

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-048986

OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

INDEXED

Registration District No. 1004 Primary Registration District No. 1007 Registrar's No. _____

FILED AUG 1 1961

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b		c. CITY OR TOWN Parma		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Adm. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First GEORGE Middle MERIWETHER Last MERIWETHER				4. DATE OF DEATH Month March Day 4 Year 1960					
5. SEX Male		6. COLOR OR RACE NEGRO		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-13-92		9. AGE (last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY FARM LABORER		11. BIRTHPLACE (City and state or country) HERNANDO, MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME EMANUEL MERIWETHER			13b. MOTHER'S MAIDEN NAME REBECCA ALLEN			14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI			16. SOCIAL SECURITY NO. 427200724		17. INFORMANT Address BOSWELL MERIWETHER, PARMA, MO. (BROTHER)				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AMYOTROPHIC LATERAL SCLEROSIS							INTERVAL BETWEEN ONSET AND DEATH 1-2 years		
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 checked="" type="checkbox"/> NO <input type="checkbox"/> yes		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 PARMA, MISSOURI		STATE MISSOURI	
21. I attended the deceased from FEBRUARY 26, 1960 to MARCH 4, 1960 and last saw her alive on _____ Death occurred at 3:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Ernest M. Tapp (Degree or title) Ernest M. Tapp, M. D., Director, Prof. Svcs. VA Hospital, Poplar Bluff, Mo.				22b. ADDRESS VA Hospital, Poplar Bluff, Mo.				22c. DATE SIGNED 7-27-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/4/60		23c. NAME OF CEMETERY OR CREMATORY Poor Farm Cemetery, Ketchum, Missouri		23d. LOCATION (City, town, or county) Parma, Missouri		23e. (State) Missouri	
24. FUNERAL DIRECTOR Watkins Funeral Home, Parma, Missouri				25. DATE RECD. BY LOCAL REG. 7-1-61		26. REGISTRAR'S SIGNATURE Harold W. ...			

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.