MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-007796
STATE FILE NUMBER

AMENDED

Registration District No. 4/3 Primary Registration District No. 2007 Registrar's No. 156

FILED APR 7 1961

1. PLACE OF DEATH
a. COUNTY BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF — Length of stay in 1b: 124 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MADISON
c. CITY OR TOWN FREDERICKTOWN — Inside Limits: ~~Yes~~ No No
d. STREET ADDRESS (If outside, give location) ROUTE THREE — Reside on Farm: Yes X No ☐

3. NAME OF DECEASED (Type or print) First: ROY Middle: (NONE) Last: MEANS
4. DATE OF DEATH Month, Day, Year: MARCH 25, 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-19-96
9. AGE (last birthday): 64 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (City and state or country): SILVER MINES, MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: JOSEPH MEANS
13b. MOTHER'S MAIDEN NAME: MARGARET ADILENE
14. NAME OF HUSBAND OR WIFE: CELIA MEANS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
17. INFORMANT Address: VA HOSPITAL RECORDS, POPLAR BLUFF, 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) INANITION DUE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) GENERALIZED ABDOMINAL CARCINOMATOSIS.
DUE TO (c) ADENOCARCINOMA PRIMARY OF BILE DUCT TYPE.
INTERVAL BETWEEN ONSET AND DEATH: Oct. 1960 to March 25, 1961
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO No
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 VA attended the deceased from NOV. 21, 1960, to MARCH 25, 1961 ~~and last saw alive on~~ her him
Death occurred at 9:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) IRVING R. MAJORS, M.D., Chief, Surgical Svc.
22b. ADDRESS VA Hospital, Poplar Bluff, Mo.
22c. DATE SIGNED 3/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-28-1961
23c. NAME OF CEMETERY OR CREMATORY: Marcus Memorial Park
23d. LOCATION (City, town, or county) (State): Fredericktown, Mo.
24. FUNERAL DIRECTOR: Sam Najim Jr. ADDRESS: Fredericktown, Mo.
25. DATE RECD BY LOCAL REG.: 3/31/61
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

APR 21 1961

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_____ Signed Frank E. Wood

Signature of Student Embalmer

Licensed Embalmer No. 4026

P.O. Address Fredericktown, Mo.

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.