

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016380

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 111

AMENDED

FILED JUN 6 1961

1. PLACE OF DEATH
 a. COUNTY AUDRAIN
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MEXICO Length of stay in lb 1/2 DAY
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AUDRAIN Co. HOSP Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO. b. COUNTY MONROE
 c. CITY OR TOWN R.F.D # 2 PARIS, MO. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 10 MI. SW. OF PARIS, MO. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
THELMA D. MECKLEY MAY 27 1961

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8/22/1905 9. AGE (last birthday) 55 IF UNDER 1 YEAR IF UNDER 24 HR
 Months 9 Days 3 Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and state or country) COLFAX, IOWA 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME WM. P. SCANLAN 13b. MOTHER'S MAIDEN NAME ESSIE - WARD 14. NAME OF HUSBAND OR WIFE ELZA M. MECKLEY SR.

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. NO 17. INFORMANT Address ELZA MECKLEY SR. PARIS 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) Fulminating Pneumonia. INTERVAL BETWEEN ONSET AND DEATH 48 hrs -
 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES 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 11:30 a.m. 11:30 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 attended the deceased from 5-26-61 to 5-27-61 and last saw her alive on 5-27-61. Death occurred at 11:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thelma D. Meckley MD 22b. ADDRESS Mexico Mo 22c. DATE SIGNED 5-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE MAY 31, 1961 23c. NAME OF CEMETERY OR CREMATORY GOWRIE CEM. 23d. LOCATION (City, town, or county) (State) GOWRIE, IOWA.

24. FUNERAL DIRECTOR ADDRESS E.H. AGNEW PARIS, MO. 25. DATE RECD. BY LOCAL REG. May 28-1961 26. REGISTRAR'S SIGNATURE Blanche Neely

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1961 JUN 2

1961 JUL 1

MARIA

MARIA

MARIA

MAY 27 1961

MICHELLE

MARIA

U.S.A.

MARIA

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, E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.

MARIA