

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

577

-61-016563

STATE FILE NUMBER

FILED JUN 12 1961

1. PLACE OF DEATH

a. COUNTY

Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Joseph

Length of stay in 1b

70yrs

c. CITY

St. Joseph

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONSunny Slope N. Home
3325 S. 11th Street

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

406 Alabama

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Charles

Middle S

Last Meade

4. DATE
OF DEATH

June 3, 1961

Day

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Aug. 3, 1890

AGE (last birthday)

70

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)

Re. Machinist

10b. KIND OF BUSINESS OR INDUSTRY

Machine Shop

11. BIRTHPLACE (City and state or country)

St. Joseph, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Meade

13b. MOTHER'S MAIDEN NAME

Josephine Cross

14. NAME OF HUSBAND OR WIFE

Josephine Meade

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.

491-09-3454

17. INFORMANT

Address

Charles L. Meade, Independence 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)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

arteriosclerotic Heart Disease
with Congestive FailureINTERVAL BETWEEN
ONSET AND DEATH

unk

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Chronic Arteriosclerosis - senility

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. 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
INJURYHour
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 attended the deceased from

8:15 A.M.

to 6/3/61

and last saw him alive on May 5, 1961

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Martin J. Christman

22b. ADDRESS

6106 King Hill Ave St Joseph Mo 6/6/61

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6/5/61

23c. NAME OF CEMETERY OR CREMATORY

Bethel Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

John E. Christman St. Joseph, Mo

25. DATE RECD. BY LOCAL REG.

June 8, 1961

26. REGISTRAR'S SIGNATURE

Mrs. Clark Randall

(Licensed Embalmer's Statement on Reverse Side)

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,

~~only~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John E. Repp

Licensed Embalmer No.

3986

P. O. Address

St. Joseph

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.