

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020215

STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 4848 Registrar's No. 11

FILED MAY 24 1961

1. PLACE OF DEATH a. COUNTY <u>Worth County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Worth</u>	Length of stay in 1b <u>53-years</u>	c. CITY OR TOWN <u>Worth</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>South part</u>		d. STREET ADDRESS (If outside, give location) <u>South part</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>Ogden</u> Last <u>Meeker</u>			4. DATE OF DEATH Month <u>May</u> Day <u>10</u> Year <u>1961</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/7/1875</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>3</u> Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and state or country) <u>Galesburg Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wellington Meeker</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Cooper</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Laura Meeker</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs. Laura Meeker Worth Missouri</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
IMMEDIATE CAUSE (a) <u>Strangulated Rt Inguinal Hernia</u>		
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
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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 _____ 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 COUNTY STATE

21. I attended the deceased from 9 May 61 to _____ and last saw her/him alive on 9 May 61
Death occurred at 2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Frank B Matteson M.D.</u> (Degree of title)	22b. ADDRESS <u>Grant City, Mo</u>	22c. DATE SIGNED <u>5/11/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial May-12-1961</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Gaynor cemetery</u>	23d. LOCATION (City, town, or county) <u>Gaynor Missouri</u>
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24. FUNERAL DIRECTOR <u>John Andrews: Grant City Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>May 17 - 1961</u>	26. REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 John Andrews, Student Embalmer No. _____

working under my personal supervision.

Student

John Andrews
Signature of Student Embalmer

Signed

John Andrews
Licensed Embalmer No. 4211

P. O. Address

Grant City

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.