

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042135

STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 3059 Registrar's No. 459

FILED DEC 12 1961

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| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Francois | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre, Mo | | c. CITY OR TOWN Elvins, Mo | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hospital | | d. STREET ADDRESS (If outside, give location) Main: -St | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Vurble Middle Otho Last Meador | | | 4. DATE OF DEATH Month Nov Day 22 Year 1961 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Nov 9, 1899 | 9. AGE (last birthday) 62 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner | | 10b. KIND OF BUSINESS OR INDUSTRY Miner | 11. BIRTHPLACE (City and state or country) Reuble, Mo | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Joel Meador | | 13b. MOTHER'S MAIDEN NAME Melvina Short | | 14. NAME OF HUSBAND OR WIFE Patrah Meador | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 17. INFORMANT Mrs Patrah Meador Elvins, Mo Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Recurrent Acute Myocardial infarction | | INTERVAL BETWEEN ONSET AND DEATH one hr. years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arteriosclerotic Heart Dis. | |

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| 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 | |

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|--|--|---|-------------------------------|--------------------|
| 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 Elvins, Mo | COUNTY St. Francois | STATE Mo |
| 21. I attended the deceased from Oct. 1961 to Nov 22, 1961 and last saw him alive on Nov 21, 1961 | | Death occurred at 9 p on the date stated above, and to the best of my knowledge, from the causes stated. | | |

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| 22a. SIGNATURE R. A. Luckstep (Degree or title) MD | 22b. ADDRESS Farmington, Mo | 22c. DATE SIGNED 12/4/61 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-25-1961 | 23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery | 23d. LOCATION (City, town, or county) (State) Farmington, Mo |

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| 24. FUNERAL DIRECTOR R. Caldwell & Sons | ADDRESS Flat River, Mo | 25. DATE REGD. BY LOCAL REG. Nov 25, 1961 | 26. REGISTRAR'S SIGNATURE Ether Rudloff |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 13 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 _____
Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095-

P. O. Address Flab River, M

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.