MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-000494

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 531

FILED JAN 29 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF — Length of stay in lb: 27 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VETERANS ADM. HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: OZARK
c. CITY OR TOWN: THEODOSIA — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): NONE — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: ALBERT Middle: WILLIS Last: MEFFORD

4. DATE OF DEATH: Month: JANUARY Day: 7, Year: 1962

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 7-17-87
9. AGE (last birthday): 74 — 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): ISABELLA, MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: ED MEFFORD
13b. MOTHER'S MAIDEN NAME: MIMA EVANS
14. NAME OF HUSBAND OR WIFE: MARY MEFFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line fo
PART I. DEATH WAS CAUSED BY:

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	PNEUMONITIS.	WHC	3 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	RIGHT PLEURAL EFFUSION.	WHC	5 Weeks
DUE TO (c)	MALIGNANCY, THORAX.	WHC	5 Weeks

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 [X] 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. VA attended the deceased from December 11, 1961, to January 7, 1962 and ~~last saw her/him alive on~~
Death occurred at 7:50 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert S. Cohen
ROBERT S. COHEN, M.D., Chief, Medical Svc.
22b. ADDRESS: VA Hospital, Poplar Bluff, Mo.
22c. DATE SIGNED: 1/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-7-62
23c. NAME OF CEMETERY OR CREMATORY: Gainsville Cem.
23d. LOCATION (City, town, or county) (State): Gainsville, Mo.

24. FUNERAL DIRECTOR ADDRESS: Frank-Cotrell Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: 1-26-1962
26. REGISTRAR'S SIGNATURE: Thelma Graham

(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,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Poplar Bluff, 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.