

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-013802

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 33 Primary Registration District No. 3074 Registrar's No. 68

FILED APR 2 1962

VS 300
Rev. 4/59

1 1007
2 1007
3 2
4 1
5 1
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7 0
8 2
9 4200
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12 1-1
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sikeston</u>		Length of stay in lb <u>5 1/2 mo</u>	c. CITY OR TOWN <u>Sikeston</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Mo. Delta Community Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>703 W. Gladys St</u>
3. NAME OF DECEASED (Type or print) First <u>Hazel</u> Middle <u>Elle</u> Last <u>Meadows</u>		4. DATE OF DEATH Month <u>March</u> Day <u>21</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Caucasian</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>12-27-1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and state or country) <u>Williamsville, Mo.</u>
13a. FATHER'S NAME <u>Edward Welch</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Marler</u>	14. NAME OF HUSBAND OR WIFE <u>Roy Edward Meadows</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>Roy E. Meadows</u> Address <u>703 W. Gladys St. Sikeston, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cor. ART. OCCLUSION.</u> DUE TO (b) <u>ART. SCLER. HEART DIS.</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CHRONIC ASTHMA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
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 <u>5:50</u> a.m. <u>P.m.</u> Month, Day, Year <u>3.19.62</u>		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.) <u>3.19.62</u>		20f. CITY, TOWN, OR LOCATION <u>3.21.62</u>	COUNTY <u>Sikeston</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>3.19.62</u> to <u>3.21.62</u> and last saw him alive on <u>3.21.62</u> Death occurred at <u>5:50 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Carl G. Popp</u> (Doctor or title)		22b. ADDRESS <u>Mo. Sikeston, Mo.</u>	22c. DATE SIGNED <u>3.27.62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-24-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kennett, Missouri</u>
24. FUNERAL DIRECTOR <u>Ms Daniel Funeral Home, Kennett, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-28-62</u>	26. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u>

MAY 3 1962
JUN 28 1962

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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Sikeston, 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.