

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026259

STATE FILE NUMBER

Registration District No. 389 Primary Registration District No. 5761 Registrar's No. 9

FILED AUG 13 1962

1. PLACE OF DEATH
 a. COUNTY Callaway
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cedar TWP Length of stay in lb 11 years
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Near New Bloomfield, Mo. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Cole
 c. CITY OR TOWN Jefferson City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Jefferson City Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Grady L. Meade 4. DATE OF DEATH Month Day Year August 2 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-26-1886 9. AGE (last birthday) 76 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman 10b. KIND OF BUSINESS OR INDUSTRY Printing 11. BIRTHPLACE (City and state or country) Rockville, Missouri 12. CITIZEN OF WHAT COUNTRY American

13a. FATHER'S NAME Meade 13b. MOTHER'S MAIDEN NAME Betty Ashby 14. NAME OF HUSBAND OR WIFE None

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. 17. INFORMANT Meade Address Sullivan, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocardial infarction 2 hours
 DUE TO (b) arteriosclerosis generalized year
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 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. I attended the deceased from June 5/62 to Aug 1/62 and last saw him alive on Aug 1/62
 Death occurred at 9:00 AM on the 2nd day stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond D. Dayler M.D. 22b. ADDRESS Jefferson City 22c. DATE SIGNED 8-3-62
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE August 4, 1962 23c. NAME OF CEMETERY OR CREMATOR Woodlawn 23d. LOCATION (City, town, or county) (State) Jefferson City Missouri
 24. FUNERAL DIRECTOR Tanner Funeral Home Inc. J. C. Mo. ADDRESS Jefferson City 25. DATE RECD. BY LOCAL REG. Aug 8 1962 26. REGISTRAR'S SIGNATURE LeRoy Claypool

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

6140
20269

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94201

10
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12 90-0
13 2-0

DATE AMENDED 10/22/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF Meade

SHOULD READ Meade

BY AFFIDAVIT OF Funeral Director MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

SEP 17 1962

MAR 27 1963

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 *Orville Howard Jones*

Licensed Embalmer No. 4411

P. O. Address Belle Me

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.

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