

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-027811

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 131

FILED AUG 14 1962

DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED	INSTEAD OF	DOCUMENT	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
VS 300 Rev. 4/59					
6610					
26690					
3					
4 0					
5 1					
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7 0					
8 2					
9332X					
10					
11					
12-2					
13-0					
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF			

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hudson Twp.		Length of stay in 1b 3 months	c. CITY OR TOWN MONROE CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth Osteopathic Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 608 North Main
3. NAME OF DECEASED (Type or print) First Roy Middle B. Last Meriwether		4. DATE OF DEATH JULY 26th 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-18-1884
9. AGE (last birthday) 77		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) Attorney—Circuit Judge		10b. KIND OF BUSINESS OR INDUSTRY Law - Jurist	11. BIRTHPLACE (City and state or country) Rolla, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.		13. FATHER'S NAME Robert Meriwether	
14. MOTHER'S MAIDEN NAME ALICE J Bondrant		14. NAME OF HUSBAND OR WIFE JESSIE MERIWETHER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Informant	
17. Address J. H. Henderson, Monroe City, Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure Thrombotic Encephalomalacia Arteriosclerosis 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	
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 April 12, 1962 to 7/26/62 and last saw him alive on 7/26/62		Death occurred at 8:25 P on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Dary S. Still DO		22b. ADDRESS Macon, Missouri	
22c. DATE SIGNED 7/26/62		22d. LOCATION (City, town, or county) MONROE CITY, MISSOURI.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE July 28, 1962	23c. NAME OF CEMETERY OR CREMATORY StJUDES CEMETERY	
24. FUNERAL DIRECTOR Wilson's ADDRESS MONROE CITY, MO.		25. DATE RECD. BY LOCAL REG. 7-26-62	26. REGISTRAR'S SIGNATURE Keith M. Neely

SEP 25 1962

AUG 16 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 me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie L Wilson _____

Licensed Embalmer No. 3014 _____

P. O. Address Monroe City, 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.