

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-049119**

STATE FILE NUMBER

Registration District No. 394 Primary Registration District No. 4449 Registrar's No. 199

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JAN 9 1964**

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ellington</u>		Length of stay in 1b <u>2 yrs</u>	c. CITY OR TOWN <u>Ellington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Own Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Ellington</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Fred - Meade</u>			4. DATE OF DEATH Month Day Year <u>Dec 29 1963</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</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>7-3-1935</u>	9. AGE (last birthday) <u>28</u>	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) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Harold Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Gilbert Meade</u>		13b. MOTHER'S MAIDEN NAME <u>Kitt Mulkey</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary F. Meade</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>7</u>	
17. INFORMANT <u>Mary F. Meade</u>		Address <u>Ellington Mo</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Strangulation</u>		<u>20 min</u>
DUE TO (b) <u>3/8" Rope about neck to rafters</u>		
DUE TO (c) <u>of Outdoor Building (shed)</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
<u>Above made 1st attempt several months ago</u>		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Hung self by a rope (3/8") by neck to</u>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>This Super-structure of an old shed used his home</u>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Ellington Reynolds, MO</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from <u>NO</u> to _____ and last saw her alive on _____		22a. SIGNATURE (Degree or title) <u>Ernest Clark Crowder</u>		22b. ADDRESS <u>Ellington MO</u>		22c. DATE SIGNED <u>12-31-63</u>	
21. Death occurred at <u>12:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan 1-64</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Ellington MO</u>		24. FUNERAL DIRECTOR <u>Peritt Funeral Home, Ellington, MO</u>		25. DATE RECD. BY LOCAL REG. <u>1-3-1964</u>		26. REGISTRAR'S SIGNATURE <u>Erma J. ...</u>	

27. AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

JAN 24 1964

**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 Chas L. Pruitt

Licensed Embalmer No. 4574

P. O. Address Ellington, 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.