

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33245

396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 943

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u> <u>0396</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>233.0 N. TRAVIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2330 N. TRAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 28 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MILO</u> b. (Middle) _____ c. (Last) <u>MEESE</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY-9-1881</u>
9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u>	11. BIRTHPLACE (State or foreign country) <u>IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>FRANK MEESE</u>		13b. MOTHER'S MAIDEN NAME <u>JANE</u>	
14. NAME OF HUSBAND OR WIFE <u>MOLLIE MEESE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-03-9271</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE MEESE</u>		ADDRESS <u>SPGFLD, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperkemic cardiovascular disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>9-10 hrs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>74.3X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>January, 1950</u> , to <u>28 Oct, 1950</u> , that I last saw the deceased alive on <u>21 April, 1950</u> , and that death occurred at <u>11:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Henry F. Krabb</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1630 N. Jefferson Spfld Mo.</u>	
23c. DATE SIGNED <u>30 Oct 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-31-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MANLEY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>GREENE Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>10-30-50</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley W.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. KLINGNER & Co.</u>		ADDRESS <u>SPGFLD</u>	

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.

Signed Ogle Stone Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4176

P. O. Address Springfield

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 this body is not embalmed, fact should be so stated above.