

No. 300  
10.48

FILED APR 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8160

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Speckard</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Half Rock</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FLETA</u> b. (Middle) <u>VELMA</u> c. (Last) <u>M. EIGHEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-13-51</u>		
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5. SEX <u>f</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-4-1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Merion Co. mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Willie Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Haskin</u>		14. NAME OF HUSBAND OR WIFE <u>R V Meighen</u>	
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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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R V Meighen Speckard mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		<u>3 years</u>
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 9th, 1951, to March 13th, 1951, that I last saw the deceased alive on March 13th, 1951, and that death occurred at 11:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Sign in ink) <u>Oliver F. Duffey MD.</u>	23b. ADDRESS <u>Lenton mo</u>	23c. DATE SIGNED <u>March 13th 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-15-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W. Perry Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Galt mo Liberty Twp.</u>
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DATE REC'D BY LOCAL REG. <u>3/15/51</u>	REGISTRAR'S SIGNATURE <u>Jene Jeur</u> 115	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PK Payne &amp; Son Galt mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



**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 \_\_\_\_\_  
Student Embalmer

Signed PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.