No. 300
10-48

FILED DEC 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42254

BIRTH NO. 134 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5749 Registrar's No. 61

0620

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Polk Township
c. LENGTH OF STAY (In this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 mi. W. of Fredericktown

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Polk Township 0620
d. STREET ADDRESS (If rural, give location): 16 mi. S.W. of Fredericktown

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): WILLIAM
c. (Last): MEANS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: APRIL 30, 1887
9. AGE (In years last birthday): 64 — If under 1 year: Months 10, Days 27 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MADISON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J. H. MEANS
13b. MOTHER'S MAIDEN NAME: ADELINE WHEELER
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Monroe Sebastian - Fredericktown, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: ~~[illegible]~~ 6 to 9 months ?

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: 1561
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 3, 1947, *to* Nov. 27, 1951, *that I last saw the deceased alive on* Nov 27, 1951, *and that death occurred at* 4:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: S C Slaughter (Degree or title) M D
23b. ADDRESS: 135 W. Main Fredericktown Mo
23c. DATE SIGNED: 12-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/29/51
24c. NAME OF CEMETERY OR CREMATORY: Ashlock cemetery
24d. LOCATION (City, town, or county) (State): Madison Co. Mo.

DATE REC'D BY LOCAL REG.: 12-15-1951
REGISTRAR'S SIGNATURE: Florence Hicks
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: L. Adamson - Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FREDERICKTOWN, MO.

RECEIVED

DEC 23 1951

FILE No. 1257-60

JAN 3 1952

APR 21 1958

OCT 17 1958

NOV 18 1959

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 _____

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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 this body is not embalmed, fact should be so stated above.