

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21829**BIRTH NO. **43128-55** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **664-12**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Strafford	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DOA St. John's Hospital		e. STREET ADDRESS (If rural, give location) Route # 1	
3. NAME OF DECEASED (Type or Print) a. (First) GLORIA b. (Middle) MARIE c. (Last) MEESE			4. DATE OF DEATH (Month) (Day) (Year) 7 - 31 - 55
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 6-22-1955
9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 9 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Greene County
12. COUNTRY OF WHAT COUNTRY? USA		13a. FATHER'S NAME Lloyd Meese	
13b. MOTHER'S MAIDEN NAME Robinson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Lloyd Meese, Strafford, Mo		ADDRESS	
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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable acute tracheo bronchitis			?
ANTECEDENT CAUSES 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"/>		UNATTENDED BY A PHYSICIAN 500 X	
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)		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 XXXXXXXXXXXXXXXXXXXXXXXXXXXX that I last saw the deceased XXXX XXXXXXXXXXXXXXXXXXXXXXX on XXXX XXXXXXXXXXXXXXX , and that death occurred at 5:15 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE Edith Williamson Local Registrar of Vital Statistics		23b. ADDRESS Springfield, Missouri	
23c. DATE SIGNED 8/9/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-2-1955	
24c. NAME OF CEMETERY OR CREMATORY Holland Cemetery		24d. LOCATION (City, town, or county) (State) Rogerville, Missouri	
DATE REC'D BY LOCAL REG. 8-9-55		REGISTRAR'S SIGNATURE Edith Williamson	
25. FUNERAL DIRECTOR'S SIGNATURE Lynn Ferrell		ADDRESS Fordland, Missouri	

(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 Not embalmed....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.