

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **33547**

No. 300
10-48

FILED OCT 18 1956

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>138</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>12 hrs.</u>		c. CITY OR TOWN <u>Senath</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>0350</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Brentley</u> c. (Last) <u>Meharg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1, 1956</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 22, 1891</u>	
9. AGE (In years last birthday) <u>65</u>		10. MONTH <u>7</u> DAY <u>9</u>		9. AGE (In years last birthday) <u>65</u>		10. MONTH <u>7</u> DAY <u>9</u>	
11. BIRTH PLACE (City and State or Foreign Country) <u>Kennett, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Kennett, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George D. Meharg</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Hale</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Williamson Meharg</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-10-1642</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. S. B. Meharg - Senath, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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.				INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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 <u>Sept 30, 1956</u> to <u>Oct 1, 1956</u> , that I last saw the deceased alive on <u>Oct 1, 1956</u> , and that death occurred at <u>11 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Howard L. Leach</u>				23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>10/4/56</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/3/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Senath Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Senath, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-9-1956</u>		REGISTRAR'S SIGNATURE <u>Carl Thurman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howard L. Leach - Leachville, Mo.</u>			

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT

16-67

COUNTY FILE NUMBER

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 *9/9/9 Howard*

Licensed Embalmer No. *395*

P. O. Address *Leachville, S.C.*

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.