

FILED JAN 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1731

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DeSoto		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Blackwell
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 209 Jefferson		Length of stay in lb 1 Day	d. STREET ADDRESS (If outside, give location) Gen'l. Delivery
3. NAME OF DECEASED (Type or print) First George Middle Alfred Last Meadows		4. DATE OF DEATH Month Jan. Day 12 Year 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 18, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watch Maker		10b. KIND OF BUSINESS OR INDUSTRY Watch Repair	9. AGE (In years last birthday) 54
13. FATHER'S NAME John W. Meadows		11. BIRTHPLACE (City and state or country) Williamsville, Mo.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Shula Dees	
17. INFORMANT John W. Meadows		Address Blackwell, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis.			INTERVAL BETWEEN ONSET AND DEATH —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201
20c. TIME OF INJURY Hour 3:15 a. m. Month 1 Day 12 Year 58			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) DeSoto	20f. CITY, TOWN, OR LOCATION JEFF
21. I attended the deceased from Inquest. to _____ and last saw her alive on _____ Death occurred at 3:15 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		20g. COUNTY Mo.	
22a. SIGNATURE (Degree or title) James P. Dehon D. P. Coroner		22b. ADDRESS Feather Row	22c. DATE SIGNED 1/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/15/58	23c. NAME OF CEMETERY OR CREMATORY Woodlawn	23d. LOCATION (City, town, or county) (State) DeSoto, Mo.
24. FUNERAL DIRECTOR J. Lee Mothershead		25. DATE RECD. BY LOCAL REG. 1-12-1958	26. REGISTRAR'S SIGNATURE Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 18 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. Lee Mathershead*
Licensed Embalmer No. *35*

P. O. Address *De Soto*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.