

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005220
STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 5550 Registrar's No. 34

FILED VS MAR 6 1961

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
SHOULD READ
ITEM NO.

1. PLACE OF DEATH a. COUNTY <u>Nowell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nowell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Maesy</u>		Length of stay in 1b <u>7 1/2 yrs</u>	c. CITY OR TOWN <u>Maesy</u>
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION <u>Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ida Eldora Neke</u>			4. DATE OF DEATH Month Day Year <u>2/19-61</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/9-76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	9. AGE (last birthday) <u>84</u>
11. BIRTHPLACE (City and state or country) <u>Paris, Ind. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>S.F. Sales</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Ed. Meeker</u>	
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. <u></u>	
17. INFORMANT <u>Wm. Ed. Meeker, Maesy, Mo</u>		Address <u></u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Liver failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Obstructive jaundice</u>			<u>6 weeks</u>
DUE TO (c) <u>Carcinoma head of pancreas</u>			<u>3 mos.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>12/15/60</u> to <u>2/19/61</u> and last saw her alive on <u>2/10/61</u> Death occurred at <u>7:20 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M.L. Fowler M.D.</u>		22b. ADDRESS <u>West Plains Mo.</u>	22c. DATE SIGNED <u>2/27/61</u>
23a. BURIAL, REMOVAL, OR CREMATION (Specify)	23b. DATE <u>2/23-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maesy</u>	23d. LOCATION (City, town, or county) (State) <u>Maesy Mo</u>
24. FUNERAL DIRECTOR <u>Robertus</u>	ADDRESS <u>West Plains Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3-3-61</u>	26. REGISTRAR'S SIGNATURE <u>Bethanne Cook</u>

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 *H. S. Roberts*

Licensed Embalmer No. 3432

P. O. Address *Leventhal*

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.