

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-010124

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 49 Primary Registration District No. 5175 Registrar's No. _____

FILED MAR 21 1962

VS 300
Rev. 4/59

1 6150

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>CAMDEN</u>		2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>CAMDEN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MACKS CREEK RUSSELL</u> Length of stay in 1b <u>WIFE</u>		c. CITY OR TOWN <u>MACKS CREEK</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>STAR ROUTE</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>JASPER ALLEN MEADS</u> First Middle Last		4. DATE OF DEATH <u>MARCH 13, 1962</u> Month Day Year	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 8, 1897</u> 9. AGE (last birthday) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)
<u>FARMING - MINISTER</u>		<u>CAMDEN COUNTY MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>THOMAS MEADS</u>		13b. MOTHER'S MAIDEN NAME <u>EMELIE HUFFMAN</u>	14. NAME OF HUSBAND OR WIFE <u>DELLA MEADS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT <u>DELLA MEADS</u> Address <u>STAR ROUTE MACKS CREEK MO</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>Acute Circulatory failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 minutes</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Insufficiency</u> <u>few months</u> DUE TO (c) <u>Atherosclerotic heart disease</u> <u>years</u>			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
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 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 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>10/26/59</u> to <u>Death</u> and last saw her/him alive on <u>Feb 22, 1962</u> Death occurred at <u>7:00 Am</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Kenneth E. Witekem D.O.</u>		22b. ADDRESS <u>CAMDENTON, MO</u>	22c. DATE SIGNED <u>3/13/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>MARCH 15, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT GROVE</u>	23d. LOCATION (City, town, or county) (State) <u>CAMDEN COUNTY MISSOURI</u>
24. FUNERAL DIRECTOR ADDRESS <u>WALTER HEDGES CAMDENTON MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>3-15-1962</u>	26. REGISTRAR'S SIGNATURE <u>Alda Eldred</u>

MAR 22 1962

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 Walter P. Hedge

Licensed Embalmer No. 4265

P. O. Address Cumtux, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.