

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33735

State File No.

4700

BIRTH NO.		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5564</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
b. CITY OR TOWN <u>Rural, Union</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rural, Union</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mi. E. of Annapolis</u>				d. STREET ADDRESS (If rural, give location) <u>8 mil E. of Annapolis</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>			b. (Middle)			c. (Last) <u>Meadows</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>8 15 49</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>Oct 4 1880</u>		9. AGE (In years last birthday) <u>68</u>		if UNDER 1 YEAR Months <u>10</u> Days <u>11</u>		if UNDER 1 Wks. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Iron Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>James Meadows</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jamison</u>			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) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>B.F. Meadows, Flat River 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Indigestion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>vascular heart trouble (mitral)</u> DUE TO (c) <u></u> 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>8 hrs.</u> <u>unknown</u> <u>1 1/2 hrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) m.		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>Aug. 24, 1949</u> , to <u>Aug. 15, 1949</u> , that I last saw the deceased alive on <u>Aug. 14, 1949</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. M. J. Tabach, M.D.</u>			23b. ADDRESS <u>Centerville MO</u>		23c. DATE SIGNED <u>8/19/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Meadows</u>		24d. LOCATION (City, town, or county) (State) <u>Minimum Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 24 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> <u>128</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u> ADDRESS <u>Iron ton Mo.</u>			

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

RECEIVED 10-27-49

Disinfect. Health Officer No. 4

Disinfect File Number 1049-1437

Date Filed _____

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 _____
Student-Embalmer

Signed Paul J. Smith

Licensed Embalmer No. 3912

P. O. Address 1700 W. 11th St.

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 this body is not embalmed, fact should be so stated above.