

NO. 300
10-48

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34836

State File No.

93

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4458 Registrar's No. 49

1. PLACE OF DEATH

a. COUNTY St Clair

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Clair Coloma

c. LENGTH OF STAY (In this place) 2 hrs

d. FULL NAME OF HOSPITAL OR INSTITUTION 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY St Clair

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Collins

d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED

a. (First) MARY b. (Middle) ALICE c. (Last) MEREDITH

4. DATE OF DEATH (Month) (Day) (Year) Oct 18 - 49

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) W

8. DATE OF BIRTH 11-20-78 9. AGE (In years last birthday) 78

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) St Clair Co. Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fayette Burchett 13b. MOTHER'S MAIDEN NAME Melissa Dinkworth 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) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME Coba Smith ADDRESS Collins Mo

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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Stomach

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

20. AUTOPSY? YES NO

19a. DATE OF OPERATION 9-12-49 19b. MAJOR FINDINGS OF OPERATION Cancer of Stomach

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Oct 18, 1949, that I last saw the deceased alive on Oct 18, 1949, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Dr. E. D. Brown D.O. (Degree or title) 23b. ADDRESS Collins Mo 23c. DATE SIGNED 10-19-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct 20 1949 24c. NAME OF CEMETERY OR CREMATORY Marshall Ave 24d. LOCATION (City, town, or county) (State) near Collins Mo

DATE REC'D BY LOCAL REG Oct 22 - 49 REGISTRAR'S SIGNATURE Wuth Seewers 25. FUNERAL DIRECTOR'S SIGNATURE J. B. Goodrich ADDRESS Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 9-49-1270
Date Filed 10-26-49

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 J. B. Bradish

Licensed Embalmer No. 3038

P. O. Address Quincy 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 this body is not embalmed, fact should be so stated above.