

39880

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 10 1949

 BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 36880

1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>NEW MADRID</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Sikeston, MO</u>)		c. LENGTH OF STAY (In this place) <u>6 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wilbourn</u>		72 2 0 1
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hosp.</u>			d. STREET ADDRESS _____		
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Meadows</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 30 49</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>11-2-1874</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NO ONE FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NO ONE</u>	11. BIRTHPLACE (State or foreign country) <u>IRON Co. Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jim Meadows</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jamerson</u>	14. NAME OF HUSBAND OR WIFE <u>DEC. DORA Wilson Meadows</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Hamilton, Silbourn, Mo.</u> ADDRESS _____		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Hypertensi</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4 2 2</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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>12-1</u> , 19 <u>48</u> , to <u>11-30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-20</u> , 19 <u>49</u> , and that death occurred at <u>6:40 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. G. Darrow, M.D.</u>		23b. ADDRESS <u>Morehouse Mo.</u>		23c. DATE SIGNED <u>12-1-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>Dec 2 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Meadows Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Dis Ark, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec 5-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter Ponder</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home, Silbourn, Mo.</u> ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

mo.

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

DEC 12 1949

RECEIVED DEC 9 1949
District Health Office No. 2
District File Number 1249-123
Case 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 *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *Lilbourn, 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.