

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40965

FILED NOV 21 1949

State File No. 9079

BIRTH NO. 78073-49 REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 9079

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

1. PLACE OF DEATH a. COUNTY <u>Hawell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO.</u> b. COUNTY <u>Levan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>mt. view</u>		c. LENGTH OF STAY (If in this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Levan</u>		157
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Seema Co Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Levan Co.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Darlene</u> b. (Middle) <u>Max</u> c. (Last) <u>Meador</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 30-49</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (State)	8. DATE OF BIRTH <u>Oct-27-49</u>	9. AGE (In years last birthday) <u>3</u> Months <u>13</u> Days <u>15</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Texas, Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Beverett P. Meador</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Mae Boone</u>		14. NAME OF HUSBAND OR WIFE <u>Infant</u>	
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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 <u>Paul S Merida Mtn crew</u>				ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature (24 Weeks)</u>					
*This does not mean the mode of dying, such as heart failure, atherio, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) <u>Mother - Auto accident</u>			
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>13 day before onset of labor</u>			
	II. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 27, 1949, to Oct 30, 1949, that I last saw the deceased alive on Oct 30, 1949, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. Van Der</u>		23b. ADDRESS	23c. DATE SIGNED <u>11-21-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-2-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Houston School Cem</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG <u>11-4-49</u>	REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>No Funeral Director</u>	ADDRESS
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RECEIVED 11/14/49  
District Health Officer No. 5,  
District File Number 1149 706  
Date Filed 11/18/49

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 Nat. Embalmer

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Carbet Bought at  
Dunbar Signed Funeral Home

Licensed Embalmer No. ....

P. O. Address Mt. Vernon

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.