

No. 300
10.48

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8151**

BIRTH NO. _____ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **5356** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) Long Lane Rural Wilson 1320		c. CITY (If outside corporate limits, write RURAL and give township) Wilson Rural	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) U300	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) HATTIE	b. (Middle) MAE	c. (Last) MELDRUM	4. DATE OF DEATH (Month) (Day) (Year) 3-5-50
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5. SEX 2	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar-18-1893	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Montgomery Co Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME W.T. Dennis	13b. MOTHER'S MAIDEN NAME Mary Lay	14. NAME OF HUSBAND OR WIFE Geo Meldrum
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Geo Meldrum	ADDRESS Long Lane
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis, Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 592X
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Chronic Nephritis		
	DUE TO (c) Senile Dementia		
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 none	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 **Jan 1**, 1949, to **Feb 5**, 1950, that I last saw the deceased alive on **Mar 2**, 1950, and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J.B. Jones (Degree or title)	23b. ADDRESS Buffalo Mo	23c. DATE SIGNED 3-6-50
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE 3-8-50	24c. NAME OF CEMETERY OR CREMATORY Bell Cemetery	24d. LOCATION (City, town, or county) (State) Buffalo Mo
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DATE REC'D BY LOCAL REG. 3/18/50	REGISTRAR'S SIGNATURE Mrs J.B. Jones	80	25. FUNERAL DIRECTOR'S SIGNATURE J.B. Jones	ADDRESS Buffalo
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 2-50-222

Date Filed 3-20-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Leonard B. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2508

P. O. Address Buffalo 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.