No. 300
10-48

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16248

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (In this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Boonville Twp
d. STREET ADDRESS (If rural, give location): New Boonville Mo

3. NAME OF DECEASED (Type or Print)
a. (First): WILLARD
b. (Middle): F.
c. (Last): MEREDITH

4. DATE OF DEATH (Month) May (Day) 27 (Year) 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Oct 3-1868
9. AGE (Last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: 0
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Barney Meredith
13b. MOTHER'S MAIDEN NAME: Mary Hannah
14. NAME OF HUSBAND OR WIFE: Mary Susan Meredith (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mrs R. H. Smith — ADDRESS: Boonville RFD 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ① Uremia ② Diabetes mellitus ③ Cerebro vascular accident ④ Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH

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.

260X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-25, 1950, *to* 5-27, 1950, *that I last saw the deceased alive on* 5/26, 1950, *and that death occurred at* 7:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Paine M.D. — (Degree or title): 0
23b. ADDRESS: 329 Main St. Boonville Mo
23c. DATE SIGNED: 5/27/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 29-1950
24c. NAME OF CEMETERY OR CREMATORY: Pilot Grove Cemetery
24d. LOCATION (City, town, or county) (State): Pilot Grove Mo

DATE REC'D BY LOCAL REG.: May 30-1950
REGISTRAR'S SIGNATURE: D. Hooper 381
25. FUNERAL DIRECTOR'S SIGNATURE: Hays & Painter — ADDRESS: Pilot Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 5
District Health Officer No. 8,
District File Number
Date Filed 6/7/52

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
Licensed Embalmer No. 3074
P. O. Address

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.