

FILED SEP 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30985

0570

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 5677 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>Rural - Union</u>		c. CITY OR TOWN <u>Rural - Union 0570</u>	
c. LENGTH OF STAY (in this place) <u>10 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles South Eolia, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Mi. S. Eolia, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) <u>Grover</u> c. (Last) <u>Meriwether</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 21, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 27, 1884</u>
9. AGE (In years last birthday) <u>65</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegraph operator</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Lincoln County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Meriwether</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Brown</u>	
14. NAME OF HUSBAND OR WIFE <u>Lola Lotts Meriwether</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>707-07-6669</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lola Lotts Meriwether - Whiteside, Mo</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Degeneration</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>153K</u>	
18. CAUSE OF DEATH (continued)		INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>	
19a. DATE OF OPERATION <u>2-2-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cerebral Degeneration</u>	
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>1-31, 1950</u> , to <u>8-21, 1950</u> , that I last saw the deceased <u>Aug 21, 1950</u> , and that death occurred at <u>6:25 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>		23b. ADDRESS <u>[Address] Mo.</u>	
23c. DATE SIGNED <u>8-24-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 23, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/6/50</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. A. Dwyer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>McQue Funeral Service</u>		ADDRESS <u>Eolia, Mo</u>	

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

EA Cummingham

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

SEP 11 1950

RECEIVED

SEP 20 1950

**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

*George O. Wagner*

Licensed Embalmer No. \_\_\_\_\_

2773

P. O. Address \_\_\_\_\_

*Louisiana 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.