

FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32364**

BIRTH NO. _____		REG. DIST. NO. 339		PRIMARY REG. DIST. NO. 4502		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) Puxico Mo		c. LENGTH OF STAY (In this place) 60 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Puxico Mo		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Edward		b. (Middle) M.		c. (Last) Meadows	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		Sept		10		1950	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Aug 21 1869	
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months -		IF UNDER 24 HRS. Days 20		IF UNDER 24 HRS. Hours -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cobden Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Not known		13b. MOTHER'S MAIDEN NAME Sarah Brown		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME E M Meadows			
				ADDRESS Kennett 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation				INTERVAL BETWEEN ONSET AND DEATH 7 weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Vascular					
		DUE TO (c) renal disease.					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				142X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug 1, 1949 , to Sept 7, 1950 , that I last saw the deceased alive on Sept 7, 1950 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Chester R. Peck M.D.				23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED Sept 20	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-12-50		24c. NAME OF CEMETERY OR CREMATORY Puxico Cemetery		24d. LOCATION (City, town, or county) (State) Puxico Mo	
DATE REC'D BY LOCAL REG. 9-12-50		REGISTRAR'S SIGNATURE Gloyd Morgan		25. FUNERAL DIRECTOR'S SIGNATURE Gloyd Morgan		ADDRESS Puxico Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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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 _____

William H. Morgan

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

William H. Morgan

Licensed Embalmer No. _____

4640

P. O. Address _____

Adrian, 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.