

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37701

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 61

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <i>McDonald</i>		a. STATE <i>Missouri</i> b. COUNTY <i>McDonald</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural, Anderson Twp 74</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural, Anderson Twp 74</i>	
c. LENGTH OF STAY (in this place) <i>74 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>1 1/2 mi S.E. of Anderson</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>1 1/2 mi S.E. of Anderson</i>			

3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <i>NORA</i>	b. (Middle) <i>VERNON</i>	c. (Last) <i>MEADOR</i>	<i>10-6-1960</i>		
(Type or Print)					

5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>8-21-1862</i>	9. AGE (In years last birthday) <i>88</i>	# UNDER 1 YEAR Months <i>1</i> Days <i>14</i> Hours <i>1</i> Min. <i>-</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Housework</i>	11. BIRTHPLACE (State or foreign country) <i>Quincy Ill</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>William West</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Peter</i>	14. NAME OF HUSBAND OR WIFE <i>Hardy W. Meador</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Pearl Hemple Anderson mo.</i>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Thrombia</i>		<i>1 week</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Atherosclerosis</i> DUE TO (c)		<i>831X</i>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cerebral Hemorrhage</i>		<i>3 months</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)
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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 *June 1st, 1950*, to *Oct 6, 1950*, that I last saw the deceased alive on *Oct 5, 1950*, and that death occurred at *9:45 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>M. Blomquist M.D.</i>	23b. ADDRESS <i>Anderson Mo.</i>	23c. DATE SIGNED <i>10-7-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>10-8-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Meador Family Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Anderson Mo.</i>
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DATE REC'D BY LOCAL REG. <i>10-9-50</i>	REGISTRAR'S SIGNATURE <i>Wayne Humphrey</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Tatum Funeral Home Anderson Mo.</i>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 9 1950

Dist. File 1150-2294

Date Filed 11-17-50

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 me

.....
working under my personal supervision.

Student Embalmer No.

Signed R.E. Cleatham

Signed.....
Student Embalmer

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.