

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

HAMPTON
State File No. 43362

BIRTH NO. _____ REG. DIST. NO. 0355 PRIMARY REG. DIST. NO. 4520 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Texas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>TEXAS MO.</u> b. COUNTY <u>Texas</u> c. CITY OR TOWN <u>Summersville</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summersville</u>		c. LENGTH OF STAY (in this place) <u>52 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summersville</u>		d. STREET ADDRESS (If rural, give location)
3. NAME OF DECEASED (Type or Print) a. (First) <u>Green</u> b. (Middle) <u>Harrison</u> c. (Last) <u>Meador</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 7-1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 26-1870</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR <u>9</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Virginia/</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Mark Meador</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Cannadaey</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Bledsoe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ralph Day Summersville, Mo.</u>			
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>Chronic Valvular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4214</u>
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)			
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?			
22. I hereby certify that I attended the deceased from <u>8 AM, 19-50</u> , to <u>8:30</u> , 19-50, that I last saw the deceased alive on <u>Dec 7</u> , 1950, and that death occurred at <u>8:30a m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. Lawrence Hampton Do Summersville</u>		23b. ADDRESS <u>Summersville</u>		23c. DATE SIGNED <u>Dec 11</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-10-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethyl</u>	24d. LOCATION (City, town, or county) (State) <u>Summersville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 26-50</u>	REGISTRAR'S SIGNATURE <u>Anna Roberts</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan Funeral Home Mtn View, Mo</u>		

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

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RECEIVED JAN 3 1951
District No. 5 - Springfield
DIVISION OF HEALTH OF MO.
Dist. File 151-9
Date Filed 1-4-51

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 Joe P. Duncan
Licensed Embalmer No. 43257
P. O. Address Ant View 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.