

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4631

0470

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

BIRTH NO. _____		REG. DIST. NO. 145		PRIMARY REG. DIST. NO. 5566		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, write RURAL and give township) Graniteville			c. LENGTH OF STAY (in this place) 65 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Graniteville			0470
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) EMIEL		b. (Middle) ALLEN		c. (Last) MEADE		4. DATE OF DEATH (Month) (Day) (Year) Feb. 8 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widowed	8. DATE OF BIRTH Aug. 21 1865		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR 5 Months	IF UNDER 24 HRS. 17 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) quarry worker		10b. KIND OF BUSINESS OR INDUSTRY granite quarry		11. BIRTHPLACE (State or foreign country) Perryville Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Daniel Meade		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Malinda Meade			
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Less Meade, Arcadia 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Prostate Gland</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>not used</u> 177X	
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) 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>July 21, 1951</u> , to <u>July 8, 1951</u> , that I last saw the deceased alive on <u>July 8, 1951</u> , and that death occurred at <u>9:05P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>T. W. Gale MD</u>		(Degree or title)		23b. ADDRESS <u>Bismarck Mo</u>		23c. DATE SIGNED <u>2-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-10-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eidson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Belleview Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb 20-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Elizabeth Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>		ADDRESS <u>Ironton Mo.</u>	

RECEIVED

FEB 26 1951

DISTRICT HEALTH OFFICE No. 6

No.

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 *Ruby White*

Licensed Embalmer No. *3012*

P. O. Address *Dorton, Miss.*

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.