

FILED APR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9264

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>		c. LENGTH OF STAY (in this place) <u>7yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>		<u>0621</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>218 EAST College</u>				d. STREET ADDRESS (If rural, give location) <u>218 EAST College</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALONZO</u>			b. (Middle) <u>BRADFORD</u>		c. (Last) <u>MERIDITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 17, 1951</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>April 20, 1867</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>ODIN, ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>HARVEY MERIDITH</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH STRIBLING</u>		14. NAME OF HUSBAND OR WIFE <u>ORRIE MERIDITH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Orrie Meridith, Fredericktown, 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>Glomerular nephritis (Acute)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial degeneration</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>2 wks.</u> <u>4 mo's</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) <u>4222</u>			
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?			
22. I hereby certify that I attended the deceased from <u>Dec 27, 1951</u> , to <u>March 17, 1951</u> , that I last saw the deceased alive on <u>MARCH 17, 1951</u> , and that death occurred at <u>9:15 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. W. DeLeyne D.O.</u>				23b. ADDRESS <u>Fredericktown Mo</u>		23c. DATE SIGNED <u>3-19-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CROSS Roads Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>WOMACK, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-26-1951</u>		REGISTRAR'S SIGNATURE <u>Therence Dick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Nain, Jr.</u>		ADDRESS <u>Fredericktown, Mo.</u>	

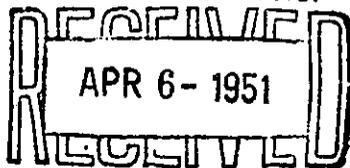
(Licensed Embalmer's Statement on Reverse Side)

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

621

S. No. 300
V. 10.48

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 451-16

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 Sam Sajin, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.