

S. No. 30.48

FILED MAY 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13467  
Registrar's No. 32

BIRTH NO. _____		REG. DIST. NO. 272		PRIMARY REG. DIST. NO. 6912	
1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Steele Va.</b>		c. LENGTH OF STAY (in this place) <b>4 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Steele, Rural 0780</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <b>Rto 2 % Bob Ross Virginia</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anderson</b>		b. (Middle) <b>Mead</b>	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <b>May 9 1951</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Unknown</b>	9. AGE (in years last birthday) <b>Abt 49</b>	IF UNDER 1 YEAR: MONTHS _____ DAYS _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Grenada, Miss.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13a. FATHER'S NAME <b>Watkins Mead</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Cora Mead</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Cora Mead</b> ADDRESS <b>Steele, Mo. Rt. 2</b>		
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) <b>C.A.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>C.A.</b> DUE TO (c) <b>Fluening C.A.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH     <b>1998</b>
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) _____		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 <b>May 5</b> , 19 <b>51</b> , to <b>May 9</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>May 5</b> , 19 <b>51</b> , and that death occurred at <b>6 AM</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>D.C. McLean M.D.</b> (Degree or title)		23b. ADDRESS <b>Halleud Mo.</b>		23c. DATE SIGNED <b>5-12-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5-13-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hardy Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Near Grenada, Miss.</b>		
DATE REC'D BY LOCAL REG. <b>5-12-51</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>German Undt. Co. Steele, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

0780

MAY 18 1951

ENCLOSED  
MAY 15 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *John H. German*.....

Licensed Embalmer No. *4355*.....

P. O. Address *Wayte, 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.