

FILED FEB 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4767

State File No. ....

449

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN <u>Oregon</u>		c. CITY OR TOWN <u>Hopkins</u>	
c. LENGTH OF STAY (In this place) <u>3 months</u>		d. STREET ADDRESS (If rural, give location) <u>0740</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Browne Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Eli</u> c. (Last) <u>Meadows</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 12-1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 17-1881</u>
9. AGE (In years last birthday) <u>70</u>	10a. 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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Nodaway County Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Enoch Meadows</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Cates</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harley Bolden</u> ADDRESS <u>Bigelow, Mo</u>	
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 of prostate</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>1957</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cancer of prostate</u>		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) _____	21f. HOW DID INJURY OCCUR? _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from <u>2-02-1951</u> to <u>Feb 12, 1952</u> , that I last saw the deceased alive on <u>2-12, 1952</u> , and that death occurred at <u>8:15 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>F. E. Hogan M.D.</u>		23b. ADDRESS <u>Mound City Mo</u>	23c. DATE SIGNED <u>2-15-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb. 15-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wilcox</u>	24d. LOCATION (City, town, or county) (State) <u>Wilcox Mo</u>
DATE REC'D BY LOCAL REG. <u>2-15-1952</u>	REGISTRAR'S SIGNATURE <u>James H. Crawford</u>	469	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Swanson</u> ADDRESS <u>Hopkins, Mo</u>

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

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.....

..... *myself* ..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Stanley Swanson* .....  
Licensed Embalmer No. *3963* .....

P. O. Address *Hopkins, 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.