

FILED APR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15293

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SCOTT		
b. CITY OR TOWN SIKESTON		c. LENGTH OF STAY (in this place) 40 yrs	c. CITY OR TOWN SIKESTON		1003
d. FULL NAME OF HOSPITAL OR INSTITUTION 502 RUTH			d. STREET ADDRESS (If rural, give location) 502 RUTH		
3. NAME OF DECEASED (Type or Print) FRANCIS MARION MEREDITH			4. DATE OF DEATH (Month) (Day) (Year) 3-25-52		
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-11-1868	9. AGE (In years last birthday) 84	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) RET. SHOE FACTORY LABORER	10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY	11. BIRTHPLACE (State or foreign country) LYON Co Ky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME DR. F. M. MEREDITH		13b. MOTHER'S MAIDEN NAME ANNIE ELIZA WALLACE		14. NAME OF HUSBAND OR WIFE OCIE SONS MEREDITH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. F. M. Meredith 502 Ruth, Sikeston 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke apoplexy			DUE TO (b) arteriosclerosis		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			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 _____		19b. MAJOR FINDINGS OF OPERATION 334X		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.) Sikeston		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Scott Mo	21f. HOW DID INJURY OCCUR? _____	
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"/>	22. I hereby certify that I attended the deceased from 1-10, 1952, to 3-35, 1952, that I last saw the deceased alive on 1-15, 1952, and that death occurred at 11:20 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. H. H. Nienstedt		23b. ADDRESS Sikeston Mo		23c. DATE SIGNED 3-25-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-27-52	24c. NAME OF CEMETERY OR CREMATORY CITY	24d. LOCATION (City, town, or county) (State) SIKESTON MO		
DATE REC'D BY LOCAL REG. 4-10-52	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	429	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Welsh Funeral Home Sikeston Mo		

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

RECEIVED APR 14 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 452-107

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.

Signed.....
Student Embalmer

Signed

Raymond Grews

Student Embalmer No.....

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.