

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24326

State File No.

FILED JUL 21 1952

| | | | | | | | |
|--|--|---|-------------------------|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>142</u> | | PRIMARY REG. DIST. NO. <u>4557</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Pomona</u> | | c. LENGTH OF STAY (in this place) <u>377</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Pomona</u> | | d. STREET ADDRESS (If rural, give location) <u>RFD 3</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nattie</u> | | | b. (Middle) <u>Jane</u> | | | c. (Last) <u>Meads</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>7-3-52</u> | | 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | |
| 8. DATE OF BIRTH <u>1-6-1881</u> | | 9. AGE (In years last birthday) <u>71</u> | | IF UNDER 1 YEAR Month Day Hours Min. <u>5 27 1</u> | | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Big Bottom, Ark</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>Jefferson Williams</u> | | 13b. MOTHER'S MAIDEN NAME <u>Virginia Bottomen</u> | | 14. NAME OF HUSBAND OR WIFE <u>N.A. Meads</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Keith VanWinkle</u> ADDRESS <u>West Plains 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>myocardosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary insufficiency</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>herb and's sudden death died 5 minutes after herb</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>4 yrs</u> <u>20 yrs.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</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) (STATE) | | | |
| 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>7-6-</u> , 19 <u>48</u> , to <u>7/3</u> , 19 <u>52</u> that I last saw the deceased alive on <u>5/23</u> , 19 <u>52</u> , and that death occurred at <u>6:30p m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>S Cottrell M.D.</u> | | | | 23b. ADDRESS <u>Willow Springs</u> | | 23c. DATE SIGNED <u>7/12/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>7-5-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u> | | 24d. LOCATION (City, town, or county) (State) <u>Pomona MO</u> | |
| DATE REC'D BY LOCAL REG. <u>7-20-52</u> | | REGISTRAR'S SIGNATURE <u>Martha Lee Bedford</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Martha Lee Bedford</u> ADDRESS <u>West Plains Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

A. D. Roberts

Licensed Embalmer No. *3437*

P. O. Address *West Hill, N.Y.*

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.