

S. No. 389
V. 10.48

FILED JUL 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24989

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 2106 Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Alice	b. (Middle) Belle	c. (Last) Meade	4. DATE OF DEATH (Month) (Day) (Year) July 2nd 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 21st 1870	9. AGE (In years last birthday) 81	10. UNDER 1 YEAR 11	11. UNDER 15 HRS. 7
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tenn.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME William Wright	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE James Tye Meade
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME J. P. Meade	ADDRESS Higginsville, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vasculer Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> <u>Years</u>
	ANTECEDENT CAUSES <u>Hypertensive Cardio-vascular Disease</u>		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
11. 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 <u>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec. 1949, to July, 1952, that I last saw the deceased alive on 2 July, 1952, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert B. Ross</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Higginsville</u>	23c. DATE SIGNED <u>7/6/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/5/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Higginsville City</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 8-1952</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Stiles</u>	ADDRESS <u>Higginsville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0541

0541

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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.

Signed

Roy G Wiegner

Signed _____

Student Embalmer

Licensed Embalmer No. *2883*

P. O. Address *MOONSVILLE, 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.