

FILED DEC 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42801

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3044 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon 0611</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>315 Pearl</u>		d. STREET ADDRESS (If rural, give location) <u>315 Pearl</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Arthur</u>	b. (Middle) <u>N.M.N.</u>	c. (Last) <u>Meador</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 3, 1871</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Macon County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J. E. Meador</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Arthur</u>	14. NAME OF HUSBAND OR WIFE <u>Dec.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give way or dates of service) <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Coral Meador</u>	ADDRESS <u>Macon, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> 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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1950, to Dec 1, 1952, that I last saw the deceased alive on 29 Nov 1952, and that death occurred at 12:00 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald E Eggleston M.D.</u>	23b. ADDRESS <u>Macon, Missouri</u>	23c. DATE SIGNED <u>8 Dec 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 4, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Macon, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/10/52</u>	REGISTRAR'S SIGNATURE <u>Duth McNeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Sutton</u>	ADDRESS <u>Macon, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 7 1958

COPIES & RET.

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 12, 17, 54
Date Filed 12, 17, 54

JAN 1 1958

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 Charles L. Tuttle

Licensed Embalmer No. 4577

P. O. Address Macon, 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.