

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1989**

FILED JAN 19 1953

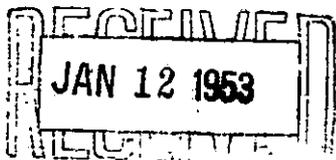
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5608 Registrar's No. 1

0510

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Jwn (Rural)</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Jwn. (Rural)</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>5 mi. n.w. of Knob Noster, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adah</u>		b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Meredith</u>	4. DATE OF DEATH (Month) (Day) <u>Jan. 3, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 14, 1889</u>	9. AGE (In years last birthday) <u>63</u>	10. UNDER 1 YEAR <u>5</u> Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Opt.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas H. Meredith</u>		13b. MOTHER'S MAIDEN NAME <u>Drella Collier</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-05-8517</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Hazel Meredith, Minden Mines,</u> ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean (a) underlying, such as heart failure, asthma, etc. If means the disease, include the complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <u>4/201</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch. Mitral Regurgitation</u>				
19a. DATE OF OPERATION <u>5</u>	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Knob Noster, Johnson, Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>Jan 3, 1953</u> , to <u>Jan 3, 1953</u> , that I last saw the deceased alive on <u>Jan 3, 1953</u> and that death occurred at <u>3:20 A.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. W. Groves, M.D.</u> (Degree or title)			23b. ADDRESS <u>Knob Noster, Mo.</u>		23c. DATE SIGNED <u>Jan 5-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 5, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Knob Noster, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan 5-53</u>	REGISTRAR'S SIGNATURE <u>Orma L. Beatty</u> <u>149</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Raymond Baker, Knob Noster, Mo.</u> ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)



JOHNSON COUNTY HEALTH DEPT.

FEB 11 1953

JAN 23 1953

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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knot Hoster, 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Johnson } ss.

State File No. 1989  
Local Registrar's No. 1

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21 day of March, 1953, before me appears.....

W. Raymond Baker, who, upon his oath, states that the original record of ~~XXX~~ death  
for Adah Elizabeth Meredith <sup>died</sup> ~~born~~ January 3, 1953, in the State of  
Missouri, and which was filed at Jefferson City on Jan. 23, 1953, should be corrected as follows:

Item No. 4 should read January 3, 1953

Instead of January 3, 1952

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant W. Raymond Baker Relationship.

Knob Noster, Missouri  
Present Address.

Subscribed and sworn to before me this 23<sup>rd</sup> day of Mar -, 1953

My Commission expires 4-11-53 Low D. Lay Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MAR 27 1953