THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13061

State File No.

FILED APR 8 1953

BIRTH NO. REG. DIST. NO. 36 PRIMARY REG. DIST. NO. 6x34 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Elkhorn)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway #40, 2 Miles west of

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia 0100
d. STREET ADDRESS (If rural, give location): Warrenton 1

3. NAME OF DECEASED (Type or Print): a. (First) Lois b. (Middle) Murphy c. (Last) Meador

4. DATE OF DEATH: March 25, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 21, 1919

9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR Months: -- Days: 4 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Funeral Home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J. P. Murphy

13b. MOTHER'S MAIDEN NAME: Velma Cardwell

14. NAME OF HUSBAND OR WIFE: Bill J. Meador

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.: 495-28-7522

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Bill J. Meador — Centralia, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussion of brain and

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) basilar fracture
DUE TO (c) (Verdict of Coroners Jury) By accidently falling from Moving Ambulance

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death
(Caused instant death by trauma) 109

INTERVAL BETWEEN ONSET AND DEATH: E 8244 26

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Elkhorn Warren Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 24 1953 9 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: By falling from moving Ambulance

22. *I hereby certify that I attended the deceased from* ____ 19__, *to* ____ 19__, *that I last saw the deceased alive on* ____ 19__, *and that death occurred at* 11 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. P. H. Kruggel Coroner

23b. ADDRESS: Warrenton Mo

23c. DATE SIGNED: 3/27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-29-53

24c. NAME OF CEMETERY OR CREMATORY: St. Clair

24d. LOCATION (City, town, or county) (State): St. Clair, Mo.

DATE REC'D BY LOCAL REG.: 3-27-53

REGISTRAR'S SIGNATURE: Lloyd Logan

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: F.W.Nieburg & Co., Warrenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 26 1958

APR 8 1959

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed John J. Liebing

Licensed Embalmer No. F 3897

P. O. Address Warrenton, 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.