

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 418x State File No. 17618

FILED JUN 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. ~~112~~ Registrar's No. 9

0360
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gerald Revere</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gerald Mo 0360</u>	
c. LENGTH OF STAY (in this place) <u>4 years</u>		d. STREET ADDRESS (If rural, give location) <u>In City of Gerald</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gerald Mo.</u>			

3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Meade</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 16-1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Sept 11-1860</u>
9. AGE (In years last birthday) <u>93</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Shannon Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Meade</u>	
13b. MOTHER'S MAIDEN NAME <u>Conoway</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Sullivan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>father Jerry Gerald 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Arterial Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>old age</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Chronic Bronchitis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</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>Jan 1952</u> , to <u>5-16-1953</u> , that I last saw the deceased alive on <u>5-14-1953</u> and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Oliver A. Schmitt M.D.</u>		23b. ADDRESS <u>Gerald Mo</u>		23c. DATE SIGNED <u>5-17-53</u>	
24a. BURIAL, CREMATOR, REPOSE (Specify)		24b. DATE <u>5-18-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bunker</u>	
24d. LOCATION (City, town, or county) (State) <u>Bunker Reynolds Mo</u>		DATE REC'D BY LOCAL REG. <u>5-17-53</u>		REGISTRAR'S SIGNATURE <u>J. H. Matthews</u>	
24e. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Meyer</u>		24f. ADDRESS <u>Gerald Mo</u>			

REPRODUCED FROM THE PUBLIC DOMAIN

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
Student Embalmer

Signed *Stanley E. Meyer* Student Embalmer No. _____
Licensed Embalmer No. *24 639*
P. O. Address *Scratch No*

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.