

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20843

FILED JUN 24 1953

State File No. _____
Registrar's No. 241

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

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

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Frances c. (Last) Meades			4. DATE OF DEATH June 8, 1953 (Month) (Day) (Year)		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 1, 1860	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mobile Harbor	13b. MOTHER'S MAIDEN NAME Mary Houston	14. NAME OF HUSBAND OR WIFE James D. Meades
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Phillips Grandin, Mo.	ADDRESS _____
---	-------------------------------------	--	---------------

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* Heart attack left from the heart trouble		23. INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. fall		
	DUE TO (b) Pneumonia DUE TO (c) Pneumonia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. from laying in bed.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Fractured hip.	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) 018
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **6-5**, 19**53**, to **6-9**, 19**53**, that I last saw the deceased alive on **6-9**, 19**53**, and that death occurred at **7:45 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) Dr. Harrison W. D. Poplar Bluff, Mo.	23b. ADDRESS	23c. DATE SIGNED 6-11-53
---	--------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/11/1953	24c. NAME OF CEMETERY OR CREMATORY New Shady Grove	24d. LOCATION (City, town, or county) (State) Bakersfield, Missouri
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. 6/12/53	REGISTRAR'S SIGNATURE R N M... 487-0	25. FUNERAL DIRECTOR'S SIGNATURE Black-Edwards	ADDRESS Doniphan, Mo.
---	---	---	------------------------------

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

RECEIVED

6/22/53

BUTLER CO. HEALTH CENTER

FILE No. _____

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

Gene A. Harwood

Licensed Embalmer No. 4809

P. O. Address Doniphan, 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.