

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36474**

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BIRTH **NOV 19 1953** REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4308** Registrar's No. **86**

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Arkansas</b> b. COUNTY <b>8030</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Noel, mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sulphur Springs, Ark.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fountain Clinic - Hospital</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>James</b> c. (Last) <b>Meade</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 2 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 11 1883</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>bookkeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Burlingame, Kans.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Richard Meade</b>	13b. MOTHER'S MAIDEN NAME <b>Cyrena Trueblood</b>	14. NAME OF HUSBAND OR WIFE <b>Deris V. Meade</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>430 22 2847</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>18 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>		
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 <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **1945**, to **Sept 2, 1953**, that I last saw the deceased alive on **Sept 2, 1953**, and that death occurred at **8:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. Fountain, D.O.</b>	23b. ADDRESS <b>Noel, mo.</b>	23c. DATE SIGNED <b>Sept 25</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 4, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Butler Creek Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Sulphur Springs, Ark.</b>
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DATE REC'D BY LOCAL RES. <b>10-28-53</b>	REGISTRAR'S SIGNATURE <b>423</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>James S. [Signature] [Address]</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*James S. Davis*

Licensed Embalmer No. *Ark-943*

P. O. Address *Sherrille Ark*

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.