

FILED APR 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9817

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give town) Bonne Terre		c. LENGTH OF STAY (in this place) 5 da.		c. CITY OR TOWN Flat River	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		e. STREET ADDRESS (If rural, give location) 606 W. Main Street			

3. NAME OF DECEASED a. (First) Marvin			b. (Middle) Windell			c. (Last) Meadows			4. DATE OF DEATH (Month) (Day) (Year) March 24 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 21, 1892		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 1 Days 3		IF UNDER 24 HRS. Hours 0 Min. 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Operator				10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Lead				11. BIRTHPLACE (City and State or Foreign Country) Doe Run, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Isaac Meadows			13b. MOTHER'S MAIDEN NAME Carrie Lindsay			14. NAME OF HUSBAND OR WIFE Ethel Meadows					
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. 490-01-5248			17. INFORMANT'S SIGNATURE OR NAME Ethel Meadows			ADDRESS Flat River, Mo.		

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.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 4 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		ANTECEDENT CAUSES arterio sclerosis							
		MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____							
		DUE TO (c) valvular heart disease & bundle branch block							
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 4/201						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)		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 **3-20**, 19**54**, to **3-24**, 19**54**, that I last saw the deceased alive on **3-24**, 19**54**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. O. Guebe (Degree or title) M.D.		23b. ADDRESS Desloge Mo.		23c. DATE SIGNED 3-27-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/27/54		24c. NAME OF CEMETERY OR CREMATORY St. Francois Mem. H.		24d. LOCATION (City, town, or county) (State) St. Francois Co., Mo.	
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DATE REC'D BY LOCAL REG. Mar. 27, 1954		REGISTRAR'S SIGNATURE Ethel Meadows		25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyce & Son		ADDRESS Desloge, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 24 1955

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.....
Signature of Student Embalmer

Signed *D. T. Bayer*

Licensed Embalmer No. *360*

P. O. Address *Deerlog*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.