

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19538**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **4284** Registrar's No. **51**

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

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>La Belle</b>		c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY OR TOWN <b>La Belle</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>0360</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>Henry</b>	c. (Last) <b>Meriwether</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 17, 1954</b>
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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>March 27, 1876</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>6</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Railroader</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>La Belle, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>George B. Meriwether</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy J. Gregory</b>	14. NAME OF HUSBAND OR WIFE <b>Lena Meriwether</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)	16. SOCIAL SECURITY NO. <b>708-12-6285</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Henry Meriwether</b>	ADDRESS <b>La Belle, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		<b>Immediate</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio-vascular-renal disease</b> DUE TO (c)		<b>6 mo.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Prostatic resection</b>		<b>3 mo.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>442 X</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) m.	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 **Feb. 1, 1954**, to **June 17, 1954**, that I last saw the deceased alive on **May 14, 1954**, and that death occurred at **6:00a m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harry S. Wilbrock</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>La Belle, Mo.</b>	23c. DATE SIGNED <b>6/19/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/19/1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>La Belle Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>La Belle, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6-22-54</b>	REGISTRAR'S SIGNATURE <b>P.W. Jennings M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Glader J. LaBelle, Mo.</b>	ADDRESS
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JUN 29

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 .....

*myself*

Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*J. H. ...*

Licensed Embalmer No. ....

4325

P. O. Address.....

*Abelle,*

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.