

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26680

State File No.

FILED AUG 17 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 729

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	c. LENGTH OF STAY (in this place) 2 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	d. STREET ADDRESS (If rural, give location) 1016 PICHER AVE.
d. FULL NAME OF HOSPITAL OR INSTITUTION 1016 PICHER AVE.			

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) FLORENCE c. (Last) MEREDITH			4. DATE OF DEATH (Month) (Day) (Year) AUG. 8, 1955		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 21, 1869	9. AGE (In years last birthday) 86	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 OWN HOME	11. BIRTHPLACE (State or foreign country) BURLINGTON, KS.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM CAYLOR	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE DEC'D JOSEPH B. MEREDITH, 1944
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. CHARLES BENNETT, 1016 PICHER

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular Fibrillation		2 yrs
	DUE TO (c) Gen. Vasc Sclerosis		years
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4331		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 1953, 19 , to 8-8-55, 19 , that I last saw the deceased alive on 8-8-1955 19 , and that death occurred at 12:30 PM from the causes and on the date stated above.

23a. SIGNATURE E. O. Martin (Degree or title)	23b. ADDRESS 709 Joplin St. Joplin Mo	23c. DATE SIGNED 8-11-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-10-55	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY
		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG. 8-13-55	REGISTRAR'S SIGNATURE by Charles Lampkins	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 25-1-266
Date Filed AUG 15 1955

MISSOURI	MISSOURI	MISSOURI	MISSOURI
1016 PICHER AVE.	1016 PICHER AVE.	1016 PICHER AVE.	1016 PICHER AVE.
Aug. 8, 1955	Aug. 8, 1955	Aug. 8, 1955	Aug. 8, 1955
WIDOWED	WIDOWED	WIDOWED	WIDOWED
OWN HOME	OWN HOME	OWN HOME	OWN HOME
BURLINGTON, KS.	BURLINGTON, KS.	BURLINGTON, KS.	BURLINGTON, KS.
JOSEPH R. MEREDITH, 1944			
MRS. CHARLES BENNETT, 1016 PICHER			

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 Embalmer No.....

Signed *F. M. Jones*

Signed.....
Student Embalmer

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.

STEVE PARKER, JOPLIN, MO.