No. 300
10-48

FILED DEC 21 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 41686

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 4563 Registrar's No. 16

900
1

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

**1. PLACE OF DEATH**
a. COUNTY: Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bunker
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): P.O. Bunker, Mo.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Reynolds
c. CITY OR TOWN: Bunker
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): P.O. Bunker, Mo.

0900

**3. NAME OF DECEASED** (Type or Print)
a. (First): ALDEMA
b. (Middle): LOIS
c. (Last): MEAD

**4. DATE OF DEATH** (Month) Nov (Day) 30 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Apr. 7, 1869
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (City and State or Foreign Country): Maxinkukee, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Isaac R. Personett
13b. MOTHER'S MAIDEN NAME: Mary Loman
14. NAME OF HUSBAND OR WIFE: Chas. Edw. Mead (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Chas. Thompson, Bunker, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: a few hrs.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [ ]

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) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-30, 1953, *to* 10-30, 1953, *that I last saw the deceased alive on* 10-30, 1953, *and that death occurred at* 10:20 p., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B J Bass MD.
23b. ADDRESS: SALEM, Missouri
23c. DATE SIGNED: 12/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 3, 1955
24c. NAME OF CEMETERY OR CREMATORY: Bunker Cemetery
24d. LOCATION (City, town, or county) (State): Reynolds County, Mo.

DATE REC'D BY LOCAL REG.: 12/8/53
REGISTRAR'S SIGNATURE: E. McFitz Fabrick
275
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Blackwell-Warfel Salem, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Received 12-19-55
Reynolds County Health
File No. 1255 - 47

DEC 22 1955

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Max L. Warfe

Licensed Embalmer No. 41

P. O. Address Salem,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.