

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **786**

FILED JAN 31 1956

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5315** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Saline Twp		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 54 yrs		e. STREET ADDRESS (If rural, give location) RFD Boonville, Mo. 0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD Boonville, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) ELIZABETH	b. (Middle) ALISON	c. (Last) MEREDITH	4. DATE OF DEATH (Month) (Day) (Year) Jan. 24, 1956
-------------------------------------	-----------------------------	---------------------------	---------------------------	--

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Aug. 31, 1876	9. AGE (In years last birthday) 79 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) housework	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) Pilot Grove, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	---

13a. FATHER'S NAME Henry Meredith	13b. MOTHER'S MAIDEN NAME Sue McGruder	14. NAME OF HUSBAND OR WIFE ---
--	---	--

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 George Meredith ADDRESS RFD Boonville, 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 3 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) Senility		
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	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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from **June, 1953**, to **Jan 24, 1956**, that I last saw the deceased alive on **June, 1955**, and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE M. L. Deercraeger (Degree or title) MD	23b. ADDRESS Boonville Mo	23c. DATE SIGNED 1/20/56
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan 26/56	24c. NAME OF CEMETERY OR CREMATORY Pilot Grove Cemetery	24d. LOCATION (City, town, or county) (State) Pilot Grove, Mo.
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. 1-27-56	REGISTRAR'S SIGNATURE O. T. Meredith 442	25. FUNERAL DIRECTOR'S SIGNATURE B. W. Shaker ADDRESS Boonville Mo
---	--	--

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.....
Signature of Student Embalmer

Signed *Berry W. Shaker*.....
Licensed Embalmer No. *394*.....
P. O. Address *Conville*.....

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.