

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 29 1956

State File No. 8298

| | | | | | | | | | | | | | |
|---|--|---|-------------------------|---|--|---|--|--|-------------------------|------------------------------------|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>47</u> | | PRIMARY REG. DIST. NO. <u>3008</u> | | Registrar's No. <u>86</u> | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY CALLAWAY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI | | | | b. COUNTY CALLAWAY | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON | | c. LENGTH OF STAY (In this place) 15 YEARS | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON | | | | d. STREET ADDRESS (If rural, give location) 877 WALNUT STREET | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) 877 WALNUT STREET | | | | 0143 | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) JAMES | | | b. (Middle) R. | | | c. (Last) MEADOR | | | | |
| 4. DATE OF DEATH | | | a. (Month) MARCH | | | b. (Day) 12 | | | c. (Year) 1956 | | | | |
| 5. SEX MALE | | 6. COLOR OR RACE NEGRO | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH JUNE 6, 1872 | | 9. AGE (In years last birthday) 83 | | IF UNDER 1 YEAR Months Days | | IF UNDER 2 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | | 11. BIRTHPLACE (State or foreign country).... CALLAWAY COUNTY MISSOURI | | | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME NOT KNOWN | | | | 13b. MOTHER'S MAIDEN NAME LYDIA WOMACK | | | | 14. NAME OF HUSBAND OR WIFE OLLIE MEADOR | | | | | |
| 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 332x | | | | ADDRESS | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 weeks | |
| | | | | ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral atherosclerosis | | | | | | | | ? | |
| | | | | DUE TO (c) | | | | | | | | | |
| 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <u>Feb 11, 1956</u> to <u>March 12, 1956</u> , that I last saw the deceased alive on <u>March 4, 1956</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above. | | | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Tom Brewer MD | | | | | | 23b. ADDRESS 607 Court Fulton | | | | 23c. DATE SIGNED 3/26/56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE MARCH 11, 56 | | 24c. NAME OF CEMETERY OR CREMATORY SOUTH SIDE CEMETERY FULTON, MISSOURI | | | | 24d. LOCATION (City, town, or county) (State) | | | | | |
| DATE REC'D BY LOCAL REG. Mar. 26 - 1956 | | | | REGISTRAR'S SIGNATURE Martha Lawrence | | | | 25. FUNERAL DIRECTOR'S SIGNATURE Harry T. Bell, Fulton, Mo. | | | | ADDRESS | |

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
Student Embalmer

Signed Jerry T. Bell

Licensed Embalmer No. 4867

P. O. Address Fulton, 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.