

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41248

BIRTH NO. _____		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 5484		Registrar's No. 16		
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Butler -</u> township)		c. LENGTH OF STAY (in this place) <u>8 Days</u>		c. CITY OR TOWN <u>New Hampton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 1/2 mile South of New Hampton</u>				e. STREET ADDRESS (If rural, give location) <u>4 1/2 mile South of New Hampton</u>				
3. NAME OF DECEASED (Type or Print) <u>FRANKLIN AARON Meridith</u>			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>12 25 1956</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 11 1878</u>		
9. AGE (In years last birthday) <u>78</u>		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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Land Owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>D Harrison County MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Samuel Meridith</u>		13b. MOTHER'S MAIDEN NAME <u>Percilla Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Ann Meridith</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marlin Meridith New Hampton Mo</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIAL PNEUMONIA</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>OSTEO-ARTHRITIS</u> DUE TO (c) <u>SENILE PSYCHOSIS</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>20 yrs.</u> <u>5 yrs.</u>		
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) <u>491x</u>				
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 <u>12-24</u> , 19 <u>56</u> , to <u>DEC 25</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-25</u> , 19 <u>56</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. L. Green D.O.</u>				23b. ADDRESS <u>New Hampton Mo</u>		23c. DATE SIGNED <u>12-26-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 28 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison County MO</u>		
DATE REC'D BY LOCAL REG. <u>12/27/56</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. N. Noble &amp; son New Hampton Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Me*....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. K. Noble*.....

Licensed Embalmer No *2904*.....

P. O. Address *New Hampton*.....

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.