

FILED MAY 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

161110

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5047 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural (Jenkins Twp)</u>		c. CITY OR TOWN <u>Jenkins (RFD) 0550</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3mi. S-W of Jenkins</u>		d. STREET ADDRESS <u>3mi S.W of Jenkins</u>	
Length of stay in 1b <u>26Yr.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>RUTH</u> Middle <u>JANE</u> Last <u>MEADOR</u>			4. DATE OF DEATH Month <u>May</u> Day <u>16</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-2-1903</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and state or country) <u>Eagle Rock, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>William R. Garrett</u>			14. MOTHER'S MAIDEN NAME <u>Nancy C. Towler</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>None</u>	17. INFORMANT <u>John A. Meador, Jenkins, Mo., RFD</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arthritis</u>				INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Heart Disease</u>			
		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u>9:45</u> Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Cassville, Missouri</u>	
21. I attended the deceased from <u>1947</u> to <u>May 17, 1957</u> and last saw her <u>alive</u> on <u>5-16-57</u> Death occurred at <u>9:45</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Glen H. Salzer M. D.</u>			22b. ADDRESS <u>Cassville, Missouri</u>		22c. DATE SIGNED <u>5-18-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-19-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Horner Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Barry County, Missouri</u>
24. FUNERAL DIRECTOR <u>Williamson Chapel, Cassville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-18-57</u>		26. REGISTRAR'S SIGNATURE <u>Grace Williams</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 557-87

DATE REC. 5-20-57

MAY 28 1957

X

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 Mrs. J. M. [unclear], Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Ray E. Williamson

Licensed Embalmer No. 488

P. O. Address Cassville

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.