

FILED APR 10 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 347 Primary Registration District No. 6158 Registrar's No. 27

300  
-57

|   |                                  |   |  |   |  |
|---|----------------------------------|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Stone</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Rural</b>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | c. CITY OR TOWN <b>Rural</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>3 Mi. SE of Viola</b>   |                                  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br><b>3 Mi S.E. of Viola</b>   |   | Reside on Form<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>SALINA</b> Middle <b>E.</b> Last <b>MEADOWS</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>13</b> Year <b>1958</b>  |   |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>28 Dec. 1866</b>  |   | 9. AGE (In years)<br>IF UNDER 1 YEAR: Months <b>91</b><br>IF UNDER 24 HRS.: Days <b>0</b> Hours <b>0</b> Min. <b>0</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Christian Co., Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |
| 13a. FATHER'S NAME<br><b>Hosea Bilyeu</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Angeline Cecil</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>John S. Meadows</b> |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br>Address <b>Ark. Berryville</b><br><b>Mrs. Angeline Allen -Rt. 1</b>   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pneumonia</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>fractured hip 2 yrs ago</b><br>DUE TO (c) <b>Arthritis for 2 yrs</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b>  |
| 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.)<br><b>0</b>  |  |   |  |
| 20c. TIME OF INJURY<br>Hour <b>0</b> Month <b>0</b> Day <b>0</b> Year <b>0</b><br>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 COUNTY STATE             |  |
| 21. I attended the deceased from <b>3-10-58</b> to <b>3-13-58</b> and last saw her/him alive on <b>3-10-58</b><br>Death occurred at <b>3p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |  |   |  |
| 22a. SIGNATURE<br><b>A L Carter MD</b> (Degree or title)  |                                  |   | 22b. ADDRESS<br><b>Berryville, Ark</b>   |   | 22c. DATE SIGNED<br><b>3-26-58</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>3-17-58</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>McCullough Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>Stone County, Mo.</b>  |
| 24. FUNERAL DIRECTOR<br><b>Nelson Funeral Home-Berryville, Ark.</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>4-4-58</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>Miss J. L. ...</b>    |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Student .....  
Signature of Student Embalmer

Signed *Charles M. Wilson* .....

Licensed Embalmer No. *5007* .....

P. O. Address. *Beaufort, N.C.*

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.