

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015403
State File No.

FILED APR 21 1958

BIRTH NO.

REG. DIST. NO. 310

PRIMARY REG. DIST. NO. 3058

Registrar's No.

94

1. PLACE OF DEATH a. COUNTY Missouri - St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln				
b. CITY (If outside corporate limits, write RURAL and give township) Saint Charles		c. LENGTH OF STAY (in this place) 1 week		c. CITY OR TOWN Foley		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hosp.				e. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) Lyman Ray Meadows			c. (Last) Meadows			4. DATE OF DEATH (Month) (Day) (Year) April 13, 1958		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 19, 1918		
9. AGE (In years last birthday) 40		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) trim department			10b. KIND OF BUSINESS OR INDUSTRY Lincoln-Mercury		11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Willet Meadows			13b. MOTHER'S MAIDEN NAME Grace McHugh			14. NAME OF HUSBAND OR WIFE Darline Sanders		
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. 486-14-6090		17. INFORMANT'S SIGNATURE OR NAME Mrs. L.R. Meadows, Foley, 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, 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 10 days ANTECEDENT CAUSES Morbid 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. hypertensive infection 7 years						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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)		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 April 5, 1958 , to April 13, 1958 , that I last saw the deceased alive on April 13, 1958 , and that death occurred at 7:15 P. M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Benjamin J. Canty M.D.				23b. ADDRESS St. Charles Mo		23c. DATE SIGNED April 14, 1958		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 15, 1958		24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery		24d. LOCATION (City, town, or county) (State) R.F.D. # 1, Winfield, Mo		
DATE REC'D BY LOCAL REG APR. 14-58		REGISTRAR'S SIGNATURE Marcella Wilson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Garland J. Ekberry Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

MS MAY 7 1958

APR 22 1958

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 *G. L. Gault*

Licensed Embalmer No. 401

P. O. Address *Elsberry*

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.