Health, & Welfare Public Service
93
0
. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-047183
STATE FILE NUMBER

FILED JAN 20 1959 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Carthage — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): McCune Brooks Hosp. — Length of stay in Hospital:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Carthage 0493 0 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 414 Clevenger — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Delila Middle: Margaret Last: Meador

4. DATE OF DEATH Month Day Year: Dec. 26, 1958

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ 2 **DIVORCED** ☐
8. DATE OF BIRTH: March 29, 1875
9. AGE (In years last birthday): 83 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Lawrence Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John Vation
13b. MOTHER'S MAIDEN NAME: Elizabeth Hoover
14. NAME OF HUSBAND OR WIFE: James M. Meador

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. D. C. Shull Address: Carthage, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): hypertension and arteriosclerosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 19 Dec '58, to 12-26-58 and last saw her/him alive on 26 Dec '58
Death occurred at 10:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE N E Byrd. (Degree or title) M. D. 0
22b. ADDRESS: Carthage, Mo.
22c. DATE SIGNED: 31 Dec '58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-29-58
23c. NAME OF CEMETERY OR CREMATORY: Harvey Cemetery
23d. LOCATION (City, town, or county) (State): Jasper Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: Ulmer Funeral Home, Carthage, Mo.
25. DATE RECD. BY LOCAL REG.: 1-9-59
26. REGISTRAR'S SIGNATURE: Ely Clinton

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use any standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

9
0

JAN 26 1959

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 .....

Licensed Embalmer No. #9575

P. O. Address .....

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.