

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020004

STATE FILE NUMBER

JUN 9 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1436

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Manchester</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Ballwin</b> <b>4000</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rock Hill Rest Home</b>		Length of stay in lb <b>4 1/2 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>323 Ries Road</b>
3. NAME OF DECEASED (Type or print) First <b>ANNA</b> Middle <b>(nee Triplett)</b> Last <b>MERIWETHER</b>			4. DATE OF DEATH Month <b>May</b> Day <b>23</b> Year <b>1959</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 1, 1869</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	9. AGE (In years last birthday) <b>89</b>
11. BIRTHPLACE (City and state or country) <b>RFD - Elsberry, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Andrew Triplett</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Ferry</b>	14. NAME OF HUSBAND OR WIFE <b>George Meriwether - dec.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Dora Smalley</b> Address <b>323 Ries Rd. Ballwin, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemiplegia</b> DUE TO (b) <b>generalized arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>334x</b>			INTERVAL BETWEEN ONSET AND DEATH
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 _____ 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 COUNTY STATE
21. I attended the deceased from <b>11-19-56</b> to <b>5-23-59</b> and last saw her alive on <b>5-18-59</b> Death occurred at <b>5-23-59</b> <b>7:45 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>O. Marklin M.D.</b> (Degree or title)		22b. ADDRESS <b>3507 Potomac</b>	22c. DATE SIGNED <b>5-25-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem. &amp; Burial</b>		23b. DATE <b>5-25-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City</b>
24. FUNERAL DIRECTOR <b>O. C. Ricks</b> ADDRESS <b>Elsberry, Mo.</b>		23d. LOCATION (City, town, or county) <b>Elsberry, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>5-25-59</b>
		26. REGISTRAR'S SIGNATURE <b>J. G. Murphy M.D.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *O. Galbreath* .....

Licensed Embalmer No. *4012* .....  
P. O. Address *Osberry, Mo* .....

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.