RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-010592
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2002 Registrar's No. 354

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b: 50 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1177 Pennsylvania — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: WALTER Middle: G. Last: MEADOR
4. DATE OF DEATH Month: March Day: 23, Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: March 11, 1884
9. AGE (last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor
10b. KIND OF BUSINESS OR INDUSTRY: Private accounting
11. BIRTHPLACE (City and state or country): Reynolds Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William W. Meador
13b. MOTHER'S MAIDEN NAME: Hixie Kirland
14. NAME OF HUSBAND OR WIFE: Della 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.: Unknown
17. INFORMANT: Mrs Della M. Meador, Springfield, Mo. Address

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) Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio-sclerotic nephritis
and
DUE TO (c) Arterio-sclerotic heart disease.
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
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 7-9-51, to 3-23-60 and last saw ~~her~~ him alive on 3-23-60
Death occurred at 10:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] M.D.
22b. ADDRESS Springfield Mo
22c. DATE SIGNED 3-24-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 26, 1960
23c. NAME OF CEMETERY OR CREMATORY: Maple Park
23d. LOCATION (City, town, or county) (State): Springfield, Mo.

24. FUNERAL DIRECTOR: Jewell E. Windle ADDRESS: Springfield, Mo.
25. DATE RECD. BY LOCAL REG.: 3-25-60
26. REGISTRAR'S SIGNATURE: Effie L. Melton

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER MAR 31 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bernard F. Wu

Signature of Student Embalmer

Licensed Embalmer No. 4 2 5

P. O. Address Springf

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.