

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13013**

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>5677</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln 57</u>			
b. CITY OR TOWN <u>Rural - Union</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY OR TOWN <u>Rural - Union</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles East Whiteside</u>				d. STREET ADDRESS (If rural, give location) <u>3 Miles East Whiteside</u>			
3. NAME OF DECEASED (Type or Print) <u>John</u>		a. (First) <u>Lewis</u>		b. (Middle) <u>Meriwether</u>		c. (Last)	
4. DATE OF DEATH <u>March 28 1949</u>		(Month) (Day) (Year)					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>		8. DATE OF BIRTH <u>Sept 23, 1875</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lincoln County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Meriwether</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Wells</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Key Meriwether</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ella Key Meriwether</u> ADDRESS <u>Whiteside Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Block</u> DUE TO (b) <u>CORONARY HEART DISEASE</u> <u>Arterio sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 Mo</u> <u>4/20</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 <u>11-8</u> 19 <u>48</u> , to <u>3-18</u> 19 <u>49</u> , that I last saw the deceased alive on <u>3-16</u> 19 <u>49</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. R. Johnson M.D.</u>				23b. ADDRESS <u>LOUISIANA, Mo</u>		23c. DATE SIGNED <u>3-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 30, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Episcopal Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Eolia Mo</u>	
DATE REC'D BY LOCAL REG. <u>April-1949</u>		REGISTRAR'S SIGNATURE <u>NE Gooch</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Melue</u>		ADDRESS <u>Eolia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.485-7
B

RECEIVED
District Health Officer No. 9
Licensure File Number
Date Filled MAY 11 1949

MAY 31 1954

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
Student Embalmer

Signed Norman E. Groch

Licensed Embalmer No. 2342

P. O. Address Eolia 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 this body is not embalmed, fact should be so stated above.