

JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23386

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6198 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>TEXAS</u>	
b. CITY OR TOWN <u>RURAL CASS TWP.</u>	c. LENGTH OF STAY (In this place) <u>10 yrs.</u>	c. CITY OR TOWN <u>Rural Cass Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1070 north of Simmons</u>	

3. NAME OF DECEASED (Type or Print) <u>Eddie</u>	a. (First) <u>E</u>	b. (Middle) <u>MEAD</u>	c. (Last) <u>MEAD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1952</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 27 1878</u>	9. AGE (In years last birthday) <u>73 yrs</u>
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>Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Minor Mead</u>	13b. MOTHER'S MAIDEN NAME <u>AMELIA CAYLOR</u>	14. NAME OF HUSBAND OR WIFE <u>EVA</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>Geo. Eva Mead</u> ADDRESS <u>Rural R. Houston 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>10 yrs</u> <u>10 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy (Cerebral)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension approx. 10 yrs</u> DUE TO (c) <u>arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 6-9, 1952, to 6-16, 1952, that I last saw the deceased alive on 6-16, 1952 and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Scott Kramer MD</u> (Degree or title)	23b. ADDRESS <u>Houston Mo</u>	23c. DATE SIGNED <u>6-18-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 19 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cabool Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cabool Texas Co. Mo</u>
DATE REC'D BY LOCAL REG. <u>June 18 1952</u>	REGISTRAR'S SIGNATURE <u>Lynell Cunningham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord V. Elliott</u>	ADDRESS <u>Cabool Mo</u>

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

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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.

Signed..... *Guyard V. Elliott*

Signed.....
Student Embalmer

Licensed Embalmer No. *2252*

P. O. Address *Calver 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.