

FILED MAY 23 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

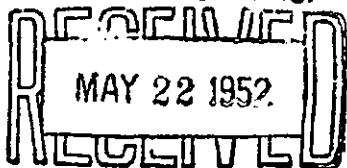
State File No. **17205**

1621

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>3042</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICK TOWN</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u>		0621	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>218 EAST College</u>				d. STREET ADDRESS (If rural, give location) <u>218 EAST College</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ORRIE</u>		b. (Middle) <u>MAYRINDA</u>		c. (Last) <u>MERIDITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 6 1952</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 26, 1870</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months — Days —		IF UNDER 6 WKS. Hours — Min. —			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>DIVIDE, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES WILLIAMSON</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH MURPHY</u>		14. NAME OF HUSBAND OR WIFE <u>ALONZO B. MERIDITH</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 ADDRESS <u>Mrs JUNE MOORE, FREDERICKTOWN, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPOSTATIC PNEUMONIA</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL HEMORRHAGE</u>					
		DUE TO (c) <u>ARTERIO SCLEROSIS</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>331X</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>MARCH 15, 1952</u> to <u>5-6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-6</u> , 19 <u>52</u> , and that death occurred at <u>1:10 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert J. Miller, D.O.</u>		23b. ADDRESS <u>117 W. MAIN ST. FREDERICKTOWN, MISSOURI</u>		23c. DATE SIGNED <u>5/8/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-9-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CROSS ROADS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WOMACK, MO.</u>	
DATE REC'D BY LOCAL REG. <u>5-12-1952</u>		REGISTRAR'S SIGNATURE <u>Alvin H. Hicks '87</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Dajim Jr., Fredericktown, Mo.</u>			

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 552-26

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed William B. O'Connor

Signed.....
Student Embalmer

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.