

FILED MAY 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 14747BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico, Missouri</u> c. LENGTH OF STAY (In this place) <u>9 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Upper Loutre</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles S. W. Wellsville, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY</u> b. (Middle) <u>LESLIE</u> c. (Last) <u>HAYS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 4 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 15, 1872</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR - Days <u>2</u>	IF UNDER 24 HRS. - Hours <u>19</u> Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Montgomery County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Fielding Hays</u>	
13b. MOTHER'S MAIDEN NAME <u>Eliza Perry</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>A. B. Lucas</u>		ADDRESS <u>Wellsville, 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.			INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid colon</u>			155A
ANTECEDENT CAUSES Mortal conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
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	
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>April 25, 1949</u> , to <u>May 4, 1949</u> , that I last saw the deceased alive on <u>May 4, 1949</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. P. Swan</u> (Degree or title) <u>10.07</u>		23b. ADDRESS <u>Mexico, Mo.</u>	
23c. DATE SIGNED <u>5-5-49</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/6/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville Missouri</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Blanche Neely</u>		ADDRESS <u>Wellsville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 7-1949</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 5498

Date Filed MAY 16 1949

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, only

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*F. B. Kelly*

Licensed Embalmer No. 1588

P. O. Address

*Kellerville 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.