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

FILED JUN 11 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 16879

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 69

**1. PLACE OF DEATH**
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville
c. LENGTH OF STAY (In this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DeWitt Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Maries
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla.....Rural
d. STREET ADDRESS (If rural, give location): Route No. 2

**3. NAME OF DECEASED** (Type or Print)
a. (First): ANNIE
b. (Middle): STIZA
c. (Last): HAYES

**4. DATE OF DEATH** (Month) (Day) (Year): June 7, 1949

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Marries
**8. DATE OF BIRTH**: March 17, 1874
**9. AGE** (In years last birthday): 75 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: xx
**11. BIRTHPLACE** (State or foreign country): Maries County Mo.,
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Julius Pelikan
**13b. MOTHER'S MAIDEN NAME**: Ellen Davis
**14. NAME OF HUSBAND OR WIFE**: Alex Hayes

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): xx
**16. SOCIAL SECURITY NO.**: xx
**17. INFORMANT'S SIGNATURE OR NAME** — ADDRESS: Mrs. Theodore Feeler, Vienna Mo.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Embolus — Interval between onset and death: Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Surgical Amputation Left Leg — 4 to 6 Months
DUE TO (c): Endarteritis Obliterans (Left Leg) — 7 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic Myocarditis — 7 yrs; Arteriosclerosis — 18 yrs

**19a. DATE OF OPERATION**: 6-7-49
**19b. MAJOR FINDINGS OF OPERATION**: Endarteritis Obliterans Arteriosclerosis
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 5-31, 1949, *to* 6-7, 1949, *that I last saw the deceased alive on* 6-7, 1949, *and that death occurred at* 6:30 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: K. O. Dewitt (Degree or title): D.O.
**23b. ADDRESS**: Waynesville Mo
**23c. DATE SIGNED**: 6-7-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 6-11-1949
**24c. NAME OF CEMETERY OR CREMATORY**: Davis Cemetery
**24d. LOCATION** (City, town, or county) (State): near; Rolla Mo.,

DATE REC'D BY LOCAL REG.: 6-11-49
REGISTRAR'S SIGNATURE: Thelma C. Buckthorpe
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: Paul E. Null Rolla, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Paul E. Null

Signed.....
Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.