

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

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38254

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY <u>Helms</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u> c. LENGTH OF STAY (In this place) <u>11 15 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Jackson twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Home</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi NE of Raymond</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hazel</u> b. (Middle) <u>Orpha</u> c. (Last) <u>Hays</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-27-49</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>Nov 18, 1911</u>		9. AGE (In years last birthday) <u>37</u>		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Barter Springs, Kans.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Wace Brooks</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Kelly</u>		14. NAME OF HUSBAND OR WIFE <u>Orville Hays</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thelma Wallace</u> ADDRESS <u>Rayneville</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of uterus (supp report)</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
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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)		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 May, 1947, to Oct 20, 1949, and that death occurred at 6:30 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>R O Sewitt</u> (Degree or title) <u>D.O.A.</u>		23b. ADDRESS <u>Rayneville Mo</u>		23c. DATE SIGNED <u>11-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boone Creek</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith &amp; Ferguson</u> ADDRESS <u>Licking Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-3-49</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		39c	

DEC 12 1949

RECEIVED

Philips County Health Officer,

County File Number \_\_\_\_\_

Date Filed 12-6-49

**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 \_\_\_\_\_

*Robert E. Ferguson*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*3945*

P. O. Address \_\_\_\_\_

*Ficking, Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.