

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7507**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **65**

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Mexico</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>043 Mexico mons St.</b>	
c. LENGTH OF STAY (In this place) <b>55 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>043 W. Emmons St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>943 W. Emmons St</b>			
3. NAME OF DECEASED a. (First) <b>SUDA</b>		b. (Middle) _____	
c. (Last) <b>HALL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 2, 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 4, 1864</b>
9. AGE (In years last birthday) <b>85</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	
11. BIRTHPLACE (State or foreign country) <b>Lincoln County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Eddy</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca McCoy</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. R.D. Sheehy</b>		ADDRESS <b>Mountain View, Ark.</b>	
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) <b>Influenza with Resp. Comp.</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> ANTECEDENT CAUSES Morbid 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. <b>Chronic myocarditis + degeneration</b> <b>4 years</b>	
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) <b>Mexico Audrain Mo.</b>			
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 <b>Jan</b> , 1946, to <b>April 2, 1950</b> , that I last saw the deceased alive on <b>March 31, 1950</b> , and that death occurred at <b>5 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John A. Owens M.D.</b>		23b. ADDRESS <b>Mexico Mo.</b>	
23c. DATE SIGNED <b>4-3-1950</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>April 3, 50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>		24d. LOCATION (City, town, or county) (State) <b>Mexico, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>April 3 1950</b>		REGISTRAR'S SIGNATURE <b>Blanche Keely</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul E. Gault</b>		ADDRESS <b>Mexico, Mo.</b>	

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

RECEIVED

APR 10 1950

District Health Officer No. 10

District File Number 4-50-61

Date Filed APR 10 1950

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.

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

Signed *Earl E. Quelt*

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.