

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8163

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5370 Registrar's No. 259

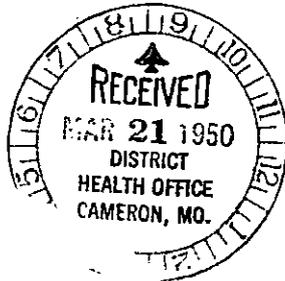
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Rural Union Township</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Township</u> <u>0310</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>6 Miles East Gallatin, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Miles East Gallatin, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u>	b. (Middle) <u>Elvaree</u>	c. (Last) <u>Macy</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 7 1950</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>June 10 1869</u>
9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR <u>8</u> Months <u>27</u> Days	IF UNDER 24 HRS. <u></u> Hours <u></u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Daviess County Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph Critten</u>	13b. MOTHER'S MAIDEN NAME <u>Samanthia Story</u>	14. NAME OF HUSBAND OR WIFE <u>Perry Macy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>---</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Macy, Gallatin, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	DUPLICATE OF (b) <u>Hypertensive Cardio Vascular Disease</u>		<u>10 days</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Diabetes Mellitus</u>			<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>			<u>443 X</u>
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 <u>Oct. 13, 1945</u> , to <u>Mar 7, 1950</u> , that I last saw the deceased alive on <u>Mar 7, 1950</u> , and that death occurred at <u>4:20A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Ollie Elvaree Macy</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Gallatin, Missouri</u>	23c. DATE SIGNED <u>Mar. 9, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-9-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	24d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u>
DATE REC'D BY LOCAL REG. <u>21 March 1950</u>	REGISTRAR'S SIGNATURE <u>Regina M Engelhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Home Funeral Home Gallatin, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

NOV 1 1956



**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

*L. O. Feherson*

Licensed Embalmer No.

*3302*

P. O. Address

*Fallston, 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.