

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11800**

BIRTH NO.		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000 Registrar's No. 108	
1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (In this place) 4 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novinger		0010
d. FULL NAME OF HOSPITAL OR INSTITUTION Stickler Hospital			d. STREET ADDRESS (If rural, give location) R. R. #1		
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) F	c. (Last) Hays	4. DATE OF DEATH (Month) (Day) (Year) April 21, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 9, 1882	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Adair County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Harrison F. Hays		13b. MOTHER'S MAIDEN NAME Margaret Gunnels	14. NAME OF HUSBAND OR WIFE Bertha Lee Sullivan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		15. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Beulah Simler, Kirksville, Mo		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pyelitis				5 yrs
	DUE TO (c) Cystitis				5 yrs
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				4201
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 June 1944 to 4-21 , 1950, that I last saw the deceased alive on 4-20 , 1950, and that death occurred at 8:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) R. B. Stickler M.D.			23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 4-21-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/23/50	24c. NAME OF CEMETERY OR CREMATORY Union Temple	24d. LOCATION (City, town, or county) (State) Adair County, Mo.		
DATE REC'D BY LOCAL REG. 4-23-50	REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Paul Riley ADDRESS Kirksville, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 1 1950
District Health Officer No. 1
District File Number
Date Filed

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 Roy H. Merion

Licensed Embalmer No. 4432

P. O. Address Kirksville, Missouri

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.