

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13953A

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

BIRTH NO. _____		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>5866</u>		Registrar's No. <u>18</u>		
I. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Myrtle</u>		c. LENGTH OF STAY (In this place) <u>55 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Myrtle</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>SEDCRA</u> b. (Middle) <u>TENNESSEE</u> c. (Last) <u>ARY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 1950</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 22, 1871</u>		
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Oregon Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>O. B. Hays</u>			13b. MOTHER'S MAIDEN NAME <u>Elsie C. Cross</u>			14. NAME OF HUSBAND OR WIFE <u>C. Lon Ary</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>G. Lon Ary</u>		ADDRESS <u>Myrtle, Mo.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myrtle, Mo.</u> <u>Myrtle, Mo.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Advanced Atherosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
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 <u>April 9, 1950</u> , to <u>April 19, 1950</u> , that I last saw the deceased alive on <u>April 9, 1950</u> , and that death occurred at <u>3:45 A. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>G. W. Cooper M.D.</u> (Degree or title)				23b. ADDRESS <u>Thayer, Mo.</u>		23c. DATE SIGNED <u>5-2-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 21, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Myrtle Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Myrtle Missouri</u>		
DATE REC'D BY LOCAL REG. <u>May 30-50</u>		REGISTRAR'S SIGNATURE <u>Ella Cross 468</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland Carter</u>		ADDRESS <u>Thayer, Mo.</u>		

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Ieland Carter 4516*

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address *Thayer 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.