

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36156

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 288

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If no location: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia 0104</u> | |
| c. LENGTH OF STAY (In this place) <u>4 yr</u> | | d. STREET ADDRESS (If rural, give location) <u>1602 Anthony</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#0 Highway 63</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u> b. (Middle) <u>P.</u> c. (Last) <u>Ady</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 24 - 1950</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov 22 1926</u> |
| 9. AGE (In years last birthday) <u>23</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Research Dept M.F.R.</u> | 11. BIRTHPLACE (State or foreign country) <u>Caruthersville Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
| 10a. USUAL OCCUPATION | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE | |
| 13a. FATHER'S NAME <u>George Ady</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rda Mae Bennet</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Norothy Thorpe Ady</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>498-24-4916</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>C J Thorpe</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | 19. ADDRESS <u>802 Hope St</u> | |
| 18. CAUSE OF DEATH | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive intraperitoneal hemorrhage. Sudden</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of liver</u> | | <u>4</u> | |
| DUE TO (c) <u>Fracture of spleen</u> | | <u>114</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple fractures of legs</u> | | <u>681</u> <u>31</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>118</u> | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT (Specify) <u>accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 63</u> | 21c. CITY, TOWN, OR TOWNSHIP <u>Columbia Boone Mo</u> | (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 14, 1950 11^{am}</u> | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Car ran into bridge</u> | |
| 22. I hereby certify that I attended the deceased from <u>10:30</u> to <u>11:15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-15-50</u> , 19 <u>50</u> , and that death occurred at <u>10:30</u> a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Harry M. Griffith, M.D.</u> | | 23b. ADDRESS <u>20. Coronado Columbia, Mo</u> | 23c. DATE SIGNED <u>11-15-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>Nov 16-50</u> | 24c. NAME OF CEMETERY, OR CREMATORY <u>New London Mo</u> | 24d. LOCATION (City, town, or county) (State) <u>New London Mo</u> |
| DATE REC'D BY LOCAL REG. <u>Nov 15 1950</u> | REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> | 31 | GENERAL DIRECTOR'S SIGNATURE <u>T. W. [Signature]</u> |
| | | ADDRESS <u>Columbia</u> | |

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

RECEIVED 11-20-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-20-50

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.....
Student Embalmer

Signed Guy S. Shelton

Licensed Embalmer No. 4700

P. O. Address Columbia, Md.

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.