

STANDARD CERTIFICATE OF DEATH

State File No. **41548**

FILED DEC 20 1950

BIRTH NO. _____ REG. DIST. NO. 433 PRIMARY REG. DIST. NO: 4378 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u> <u>0700</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Wellsville Mo</u>		c. LENGTH OF STAY (in table place) <u>3 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville Mo.</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 N. 2nd Street</u>				d. STREET ADDRESS (If rural, give location) <u>305 N. 2nd. Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Allice</u> b. (Middle) <u>Hayden</u> c. (Last) <u>Bishop</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Mar. 20 1854</u>	9. AGE (In years last birthday) <u>96</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>22</u>	IF UNDER 1 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 <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Montgomery County Mo</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? A. <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Wilford Hayden</u>		13b. MOTHER'S MAIDEN NAME <u>Seena Powers</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>no</u> or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Bishop Middleton</u> ADDRESS <u></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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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>Samuel McQuitty</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>11/20/1</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) m.		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>Dec 9 1950</u> to <u>Dec 12 1950</u> , that I last saw the deceased alive on <u>Dec 11 1950</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. A. H. Sanford M.D.</u>				23b. ADDRESS <u>Wellsville Mo</u>		23c. DATE SIGNED <u>Dec 12 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/14/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>7 Mi. South Wellsville</u>			
DATE REC'D BY LOCAL REG. <u>12-14-50</u>		REGISTRAR'S SIGNATURE <u>W. B. Roman Jr.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. B. Villed</u> ADDRESS <u>Wellsville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 13 1950

RECEIVED

*Received & processed
January 10 - 1951*

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 self

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.