

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11399**

1140
1

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

BIRTH NO. _____		REG. DIST. NO. <u>375</u>	PRIMARY REG. DIST. NO. <u>4551</u>	Registrar's No. <u>12</u>
1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>		
b. CITY OR TOWN <u>Hartville, Mo</u>		c. LENGTH OF STAY (in this place) <u>11 Yrs</u>	c. CITY (If outside corporate limits, write BURAL and give township) <u>Hartville, Mo.</u> <u>1140</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>Lucy</u>		b. (Middle) <u>Lela</u>	c. (Last) <u>Hefner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 10 1951</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>2-11-1880</u>	9. AGE (In years last birthday) <u>71</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>Unknown 9</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>William Shane</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Solma</u>	14. NAME OF HUSBAND OR WIFE <u>R. M. Hefner</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R. M. Hefner Hartville, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Vascular Renal Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>442X</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) (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>Jan 1</u> , 19 <u>50</u> , to <u>March 3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Mar 3</u> , 19 <u>51</u> , and that death occurred at <u>7:30 A.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Stellworthy, M.D.</u>		23b. ADDRESS <u>Hartville Mo</u>	23c. DATE SIGNED <u>3-17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-13-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Steele Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Wright County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-19-51</u>	REGISTRAR'S SIGNATURE <u>E. Garner</u> <u>346</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene E. Haldeman Hartville, Mo</u>		

RECEIVED MAR 24 1951
WRIGHT CO. HEALTH DEPT.
County File Number 251-29
Date Filed 3-24-51

MAR 30 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Gene E. Halden

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.