

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42365**

FILED DEC 26 1951

BIRTH NO. _____ REG. DIST. NO. **235** PRIMARY REG. DIST. NO. **3817** Registrar's No. **16**

2710

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

1. PLACE OF DEATH a. COUNTY Morgan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan		
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Millcreek Twp.		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Rural, Millcreek Twp.		d. STREET ADDRESS (If rural, give location) 5 Miles South Syracuse, Mo
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION None					
3. NAME OF DECEASED a. (First) Ollie b. (Middle) Kathryn c. (Last) Hays			4. DATE OF DEATH (Month) (Day) (Year) 12/17/1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/19/1883		9. AGE (In years last birthday) 68 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Morgan County D		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wm Edward McNeal		13b. MOTHER'S MAIDEN NAME Sarah Larimore		14. NAME OF HUSBAND OR WIFE A. J. Hays, Syracuse, Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS A. J. Hays, Syracuse, mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Deficiency				1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis				10 yrs
	DUE TO (c)				
	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 7230				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Tipton, Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 5/12, 1951 , to 12/12, 1951 , that I last saw the deceased alive on 13/12, 1951 , and that death occurred at 8 P m. , from the causes and on the date stated above.					
23a. SIGNATURE J. F. Potts M.D. (Degree or title)			23b. ADDRESS Tipton, Mo		23c. DATE SIGNED 12/18/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/19/1951	24c. NAME OF CEMETERY OR CREMATORY Olive Branch Cemetery	24d. LOCATION (City, town, or county) (State) Morgan County, Missouri		
DATE REC'D BY LOCAL REG. 12-20-51	REGISTRAR'S SIGNATURE Myrtle Hoben Miller	STATE FUNERAL DIRECTOR'S SIGNATURE James E. Richards	ADDRESS Tipton Mo		

RECEIVED DEC 22 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 22 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 *Jessie E. Richards* _____

Licensed Embalmer No. *2466* _____

P. O. Address *Dipton, 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.