

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Oregon
b. CITY (If outside corporate limits, write RURAL and give town) Thayer
c. LENGTH OF STAY (In this place) 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Oregon
c. CITY (If outside corporate limits, write RURAL and give township) Thayer
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED
a. (First) MARGARET b. (Middle) E. c. (Last) LE HEW
4. DATE OF DEATH (Month) (Day) (Year) 1 16 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 2-13-1867 9. AGE (In years last birthday) 84 # UNDER 1 YEAR Months 11 # UNDER 24 HRS. Days 3 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Mickael Durst 13b. MOTHER'S MAIDEN NAME Julia Yeast 14. NAME OF HUSBAND OR WIFE J. Sperry Le Hew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Mrs. Daisy Hill ADDRESS Cornopolis, Penn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Hypertension
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 1 mt.
2 hrs.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17-1899, to 1-16-1952, that I last saw the deceased alive on 1-16-1952, and that death occurred at 9:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE John P. Eelison M.D. (Degree or title) 23b. ADDRESS Thayer Mo. 23c. DATE SIGNED 1-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1-20-1952 24c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery 24d. LOCATION (City, town, or county) (State) Thayer Missouri

DATE REC'D BY LOCAL REG. Feb. 22, 1952 REGISTRAR'S SIGNATURE Arthur Wolff 25. FEDERAL DIRECTOR'S SIGNATURE Richard Christy ADDRESS Thayer Mo.

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

50
1

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 _____

Richard Carter

Licensed Embalmer No. 4516

Signed.....
Student Embalmer

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.