

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11901

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY *Aitchison*
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Fairfax*
c. LENGTH OF STAY (In this place) *10 hrs*
d. FULL NAME OF HOSPITAL OR INSTITUTION *Fairfax Comm Hosp*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE *Missouri* b. COUNTY *Aitchison*
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Jarvis* 0030
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) *HATTIE* b. (Middle) *JANE* c. (Last) *M^cCARTNEY*

4. DATE OF DEATH (Month) (Day) (Year)
April 29, 1954

5. SEX *Female* 6. COLOR OR RACE *White*

7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) *Widowed*

8. DATE OF BIRTH *Oct 19, 1871*

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. *80-6-10*

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housekeeper*

10b. KIND OF BUSINESS OR INDUSTRY *own home*

11. BIRTHPLACE (State or foreign country) *Ohio*

12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13a. FATHER'S NAME *Unknown*

13b. MOTHER'S MAIDEN NAME *Larad Reeves*

14. NAME OF HUSBAND OR WIFE

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 *Paul M^cCartney Fairfax, Mo.*

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Cerebro-vascular accident*
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) *Arteriosclerotic cardio-*
DUE TO (c) *vascular disease advanced.*
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. *Advanced osteo-arthritis*

INTERVAL BETWEEN ONSET AND DEATH *15 hours*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION *4221*

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) m.

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 *10/1/51*, 19___, to *4/29/52*, 19___, that I last saw the deceased alive on *4/29/52*, 19___, and that death occurred at *8.00P* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *E. Widmer Meyer M.D.*

23b. ADDRESS *Garfield Mo.*

23c. DATE SIGNED *4/30/52*

24a. BURIAL-CREMA-TION-REMOVAL (Specify)

24b. DATE *May 1, 1954*

24c. NAME OF CEMETERY OR CREMATORY *Pleasant Ridge*

24d. LOCATION (City, town, or county) (State) *Fairfax Mo.*

DATE REC'D BY LOCAL REG. *May 1, 1954*

REGISTRAR'S SIGNATURE *Marvin H. Schaefer*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Funeral Home Fairfax Mo.*

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

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FILED MAY 7 1954

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.....

Marvin W. Schosler

Signed.....
Student Embalmer

Licensed Embalmer No. *4162*

P. O. Address *Fairfax, 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.