V.S. No. 300
Rev. 10-48

FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15981

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4164 Registrar's No. 35

0310
1

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

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Altamont
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alta Mont 0310
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print) (First): Della b. (Middle): M c. (Last): Searcy

4. DATE OF DEATH (Month) 5 (Day) 19 (Year) 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 12-21-1879
9. AGE (In years last birthday): 72 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wm Downing
13b. MOTHER'S MAIDEN NAME: Mathews
14. NAME OF HUSBAND OR WIFE: John Searcy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Virgil Searcy Liefan ADDRESS: Ia

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hyper Tension
DUE TO (c): arterial Sclerosis

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: 331X
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* May 19, 1952, *to* May 19, 1952, *that I last saw the deceased alive on* May 19, 1952, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm Barley DD
23b. ADDRESS: Lallatin, Mo.
23c. DATE SIGNED: 23 May 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-21-52
24c. NAME OF CEMETERY OR CREMATORY: Mt Air
24d. LOCATION (City, town, or county) (State): Alta Mont Mo

DATE REC'D BY LOCAL REG.: 24 May 1952
REGISTRAR'S SIGNATURE: Virginia M Engelhart 81-0
25. FUNERAL DIRECTOR'S SIGNATURE: Mrs Kate Shoup ADDRESS: Winston Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3307

P. O. Address Fallatin, 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.