

No. 300
10.48

FILED NOV 14 1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **35637**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **1002**

0611

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

1. PLACE OF DEATH a. COUNTY Macon.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Macon.	
b. CITY OR TOWN Macon.		c. CITY OR TOWN Macon.	
c. LENGTH OF STAY (In this place) 8 yrs.		d. STREET ADDRESS (If rural, give location) 315 N. Wentz	
d. FULL NAME OF HOSPITAL OR INSTITUTION 315 N. Wentz			

3. NAME OF DECEASED (Type or Print) a. (First) Minta b. (Middle) Belle c. (Last) Halley.			4. DATE OF DEATH (Month) (Day) (Year) Oct. 20 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	
8. DATE OF BIRTH Apr. 22 1873		9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. KIND OF BUSINESS OR INDUSTRY —	

13a. FATHER'S NAME Ewing Lyle		13b. MOTHER'S MAIDEN NAME (Unknown) Waller		14. NAME OF HUSBAND OR WIFE Deceased.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME Frank Halley ADDRESS Macon, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				1 week.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
ANTECEDENT CAUSES		DUE TO (b) Chronic Dyspepsia		5 years	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Chronic Myocarditis			

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) 592 X	
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 **Oct. 1951**, to **Oct 20, 1952**, that I last saw the deceased alive on **Oct 20, 1952**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl N. Madool III.		23b. ADDRESS Macon, Mo.		23c. DATE SIGNED 10/28/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 22, 1952		24c. NAME OF CEMETERY OR CREMATORY Woodlawn	
24d. LOCATION (City, town, or county) (State) Macon Mo.					

DATE REC'D BY LOCAL REG. 11-1-52		REGISTRAR'S SIGNATURE Ruth McNeely 185		25. FUNERAL DIRECTOR'S SIGNATURE Lester Hutton ADDRESS Macon, Mo.	
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RECEIVED

11.10.52

MACON COUNTY HEALTH DEPARTMENT

County File No. 11-52-168

Date Filed 11.11.52

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.