

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9242**

BIRTH NO. _____		REG. DIST. NO. 84		PRIMARY REG. DIST. NO. 5318		Registrar's No. 7		
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Lebanon Township				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Lebanon Township 0270				
c. LENGTH OF STAY (In this place)				d. STREET ADDRESS (If rural, give location)				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 7 Miles S.W. Bunceton				d. STREET ADDRESS 7 Miles S. W. Bunceton				
3. NAME OF DECEASED a. (First) Bertha			b. (Middle) E		c. (Last) HAYS		4. DATE OF DEATH (Month) (Day) (Year) March, 12, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April, 26, 1874		9. AGE (In years, months, days) 79		
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 (City and State or Foreign Country) Morgan, County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Rev. B.D. Stone			13b. MOTHER'S MAIDEN NAME Emily Adair		14. NAME OF HUSBAND OR WIFE ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Floyd Woods, Bunceton, Missouri				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 7 wks
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary thrombosis				DUE TO (b) Arteriosclerosis				
ANTECEDENT CAUSES 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.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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)				
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 1/20, 1953 , to 3/12, 1953 , that I last saw the deceased alive on 3/12, 1953 , and that death occurred at 4:30 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. F. Potts M.D.				23b. ADDRESS Tipton Mo		23c. DATE SIGNED 2/14/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 15, 1953		24c. NAME OF CEMETERY OR CREMATORY Akinsville Cemetery		24d. LOCATION (City, town, or county) (State) 4 Miles West, Fortuna, Mo		
DATE REC'D BY LOCAL REG. Mar 15-53		REGISTRAR'S SIGNATURE Hellie Shullitt		F. FUNERAL DIRECTOR'S SIGNATURE James E. Richard		ADDRESS Tipton, Mo		

(Licensed Embalmer - Statement on Reverse Side)

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

70
1

FILED MAR 23 1953

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 *Lipton, 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.