

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17232**

FILED MAY 18 1953

BIRTH NO.		REG. DIST. NO. 44	PRIMARY REG. DIST. NO. 4060	Registrar's No. 14
1. PLACE OF DEATH a. COUNTY Caldwell 01304		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo b. COUNTY Caldwell		
b. CITY (If outside corporate limits, write RURAL and give township) Breckenridge,	c. LENGTH OF STAY (in this place) 2 mo.	c. CITY (If outside corporate limits, write RURAL and give township) Rural (Davis Twp) 130		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mrs Glick Nurseing Home		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Gertrude	c. (Last) Hays	4. DATE OF DEATH (Month) (Day) (Year) April 26, 1953
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Jan. 14, 1876	9. AGE (In years last birthday) Months Days Hours Min. 77 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) Lathrope, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Haldane Johnson		13b. MOTHER'S MAIDEN NAME Alice Null	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) ---		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ira Johnson Braymer, MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 20 yr
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)		
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 April 26, 1953 , to April 26, 1953 , that I last saw the deceased alive on April 26, 1953 , and that death occurred at 11:50 AM , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) J. W. Webb M.D.		23b. ADDRESS Breckenridge, Missouri		23c. DATE SIGNED 4-27-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-28-53	24c. NAME OF CEMETERY OR CREMATORY Tinneys Grave Cem.	24d. LOCATION (City, town, or county) (State) Braymer, Mo	
DATE REC'D BY LOCAL REG. 5-8-53	REGISTRAR'S SIGNATURE Mrs. Nell B. Jones 373		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meade Funeral Service Braymer, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Donald J. Head

Licensed Embalmer No. 2801

P. O. Address Braymer, Missouri.

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.