

No. 300
0-48

ED JUL 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 11
20996

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 48

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

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keytesville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keytesville	
c. LENGTH OF STAY (In this place) 10-Years		d. STREET ADDRESS (If rural, give location) 200-South Park	
d. FULL NAME OF HOSPITAL OR INSTITUTION 200-South Park			

3. NAME OF DECEASED (Type or Print) a. (First) Eliza b. (Middle) Ellen c. (Last) Cuddy			4. DATE OF DEATH (Month) (Day) (Year) June 28 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Aug. 3rd, 1869		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) 10 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House Work		11. BIRTHPLACE (City and State or Foreign Country) Chariton County Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Joseph Hayward		13b. MOTHER'S MAIDEN NAME Mary Prewitt		14. NAME OF HUSBAND OR WIFE Lee Jackson Cuddy	
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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 James P. Cuddy Kansas City, Mo.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia				INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) gastric hemorrhage				1 day	
		DUE TO (c) gastric-enteritis				1 week	
		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 571				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Nov. 2, 1951, to June 28, 1953, that I last saw the deceased alive on June 28, 1953, and that death occurred at 1:40 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James P. Cuddy 2 DO		23b. ADDRESS Keytesville, Mo		23c. DATE SIGNED 6/29/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 30th, 1953		24c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery		24d. LOCATION (City, town, or county) (State) Chariton County, Mo.	
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DATE REC'D BY LOCAL REG. 7-2-53		REGISTRAR'S SIGNATURE W. H. Rawles 5-35		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Blair + Sons Keytesville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

AUG 4
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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

H. D. Bennett

Licensed Embalmer No. *3046*

P. O. Address *Key West Fla*

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.