

FILED MAY 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17644

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 64

1030

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Casterbury - rural</u>		c. CITY OR TOWN <u>Bloomfield, Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 20
c. LENGTH OF STAY (in this place) <u>1 1/2 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>R.# 2, Bloomfield, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R-2 Bloomfield</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OPHELIA</u>	b. (Middle) <u>-</u>	c. (Last) <u>HITT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 25, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 25, 1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 2 HRS. Days <u>1</u>	IF UNDER 4 HRS. Hours <u>0</u>	IF UNDER 15 HRS. Min. <u>0</u>
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10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Richard M. Neely</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Tompsett</u>	14. NAME OF HUSBAND OR WIFE <u>John Hitt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Hitt, Bloomfield Mo.</u>	ADDRESS <u>R.# 2</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 MINS.</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		UNKNOWN
	DUE TO (b) <u>ARTERIOSCLEROSIS</u>		
	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	<u>4201</u>	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) (Min.)	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 8-14, 1953, to 4-25, 1954, that I last saw the deceased alive on 4/27, 1954, and that death occurred at 6:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>Bloomfield</u>	23c. DATE SIGNED <u>4-27-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 28, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Major Memorial Park Advance</u>	24d. LOCATION (City, town, or county) (State) <u>7770</u>
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DATE REC'D BY LOCAL REG. <u>May 5, 1954</u>	REGISTRAR'S SIGNATURE <u>Claudine Hilbrand</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Lloyd S. Mays, Sr.</u>	ADDRESS <u>Adelphi, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *William H. May*.....

Licensed Embalmer No... *468*

P. O. Address... *Advent*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.