

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29538

STATE FILE NUMBER

FILED AUG 21 1956

Registration District No. 325 Primary Registration District No. 4480 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greentop		c. CITY OR TOWN Greentop 0980	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at farm home		d. STREET ADDRESS R. F. D. (If outside, give location)	
Length of stay in 1b yrs _____		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) **Sophonria Lay**

4. DATE OF DEATH **Aug. 14, 1956**

5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 4, 1868	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Davis County, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Moses B. Hatfield	14. MOTHER'S MAIDEN NAME Nancy Edwards
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Lillie Campbell, Greentop, Mo. Address _____
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Medullary Failure**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }
DUE TO (b) **Arterio Sclerosis**

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____

INTERVAL BETWEEN ONSET AND DEATH **3 days**

Yrs. _____

19. WAS AUTOPSY PERFORMED? YES NO

4500

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
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21. I attended the deceased from **Jan. 1956** to **Aug. 14, 1956** and last saw **her** alive on **Aug. 14, 1956**

Death occurred at **7:00 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. K. Martin (Degree or title) 2	22b. ADDRESS Kirkville, Mo.	22c. DATE SIGNED 8.16.56
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/16/56	23c. NAME OF CEMETERY OR CREMATORY New Harmony Cemetery	23d. LOCATION (City, town, or county) Schuyler County, Mo. (State) _____
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24. FUNERAL DIRECTOR Paul H. Riley ADDRESS Kirkville, Mo.	25. DATE RECD. BY LOCAL REG. Aug 18, 56	26. REGISTRAR'S SIGNATURE Paul H. Riley
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Kenneth D. Hayes

Licensed Embalmer No. *489*

P. O. Address *Kirkland, Va.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.