

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41235
 State File No. _____

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Neosho</u>	c. LENGTH OF STAY (If in institution) <u>10 yrs</u>	c. CITY OR TOWN <u>Newton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>524 E. McCord</u>		e. STREET ADDRESS (If rural, give location) <u>524 E. McCord St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u>	b. (Middle)	c. (Last) <u>Cady</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 24, 1893</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done in usual working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laboreer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Minnesota</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John Cady</u>	13b. MOTHER'S MAIDEN NAME <u>May Lester</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or date of discharge) <u>World War II</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Cady</u>	ADDRESS <u>Neosho, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4222</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Degeneration</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (a.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) (Minute) _____	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 Feb 4 - 1957, to 10-3 - 1957, that I last saw the deceased alive on 10-1 - 1957, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Melvin C. Bacon</u>	23b. ADDRESS <u>Clark Funeral Home</u>	23c. DATE SIGNED <u>11/8/57</u>
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24a. BURIAL, CREMATION (Specify) <u>Burial</u>	24b. DATE <u>Oct. 5, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kenney Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>North of Neosho, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/8/57</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bacon</u>	25 FUNERAL DIRECTOR'S SIGNATURE <u>Clark Funeral Home</u>	ADDRESS <u>Neosho, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

223

DECEASED
City of Health Officer Newton
District File Number 1157-254
Date Filed NOV 12 1957

NOV 19 1957

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 Fred L. Clark, Student Embalmer No. 556 working under my personal supervision..

Student Fred L. Clark
Signature of Student Embalmer

Signed Mariellen Brickett

Licensed Embalmer No. 4166
915 Kentland
P. O. Address Newark, N.J.

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.