

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010025
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 107

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

FILED APR 10 1961
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1511 So. Vermont Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pettis
c. CITY OR TOWN Sedalia Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1511 So. Vermont Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First Lelia Middle HARE Last
4. DATE OF DEATH Month April Day 3 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-28-1898 9. AGE (last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

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) Syracuse, Mo 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Henry Wilson 13b. MOTHER'S MAIDEN NAME Simira Ann Wilson 14. NAME OF HUSBAND OR WIFE Ernest J. Hare

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 Mrs Ruth Haerle Address 1511 So. Vermont Sedalia

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Central Venous accident
DUE TO (b) Generalized 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)
1) Congestive Heart Failure 2) Cerebral Degeneration
PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour 2:45 a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955 to April 3, 1961 and last saw her alive on March 31, 1961
Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas J. Hoptman, M.D. 22b. ADDRESS Sedalia, Mo 22c. DATE SIGNED 4/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-5-1961 23c. NAME OF CEMETERY OR CREMATORY Knobnoster Cem. 23d. LOCATION (City, town, or county) (State) Knobnoster Mo

24. FUNERAL DIRECTOR M^cLaughlin Bros ADDRESS Sedalia 25. DATE RECD. BY LOCAL REG. Apr 5, 1961 26. REGISTRAR'S SIGNATURE Frances Shelby

MAY 18 1961

APR 11 1961

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

K.P.M. Cray

Licensed Embalmer No. 3153

P. O. Address Sedalia

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.