No. 300
10.48

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

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32981

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 263

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place): 30 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boone Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bourbon Township
d. STREET ADDRESS (If rural, give location): Stephens, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Joyce
b. (Middle): N
c. (Last): Wise

4. DATE OF DEATH (Month) (Day) (Year): Oct. 28, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 4, 1901
9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months: 0 Days: 24
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Callaway Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Hollis Neill
13b. MOTHER'S MAIDEN NAME: Zella Tyler
14. NAME OF HUSBAND OR WIFE: Owen Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Owen Wise
ADDRESS: Stephens, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — Spontaneous, non-traumatic

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

831X

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: _____
20. AUTOPSY? YES ☐ NO ☑

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): _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: _____
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that I attended the deceased from* 10-27, 1949 *to* 10-28, 1949 *that I last saw the deceased alive on* 10-28, 1949 *and that death occurred at* 6:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Roland P. Sadenoy MD
23b. ADDRESS: 16 N. 10th St
23c. DATE SIGNED: 10-29-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-30-1949
24c. NAME OF CEMETERY OR CREMATORY: _____
24d. LOCATION (City, town, or county) (State): Fulton Mo

DATE REC'D BY LOCAL REG.: Oct 29 1949
REGISTRAR'S SIGNATURE: Mrs R E Palmer
25. FUNERAL DIRECTOR'S SIGNATURE: Glen G. Maupin
ADDRESS: Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 29 1949
District Health Officer No. 9,
District File Number.....

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 Glen Y. Maupin
Licensed Embalmer No. 2725
P. O. Address Fulton, Mo.

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.