

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 5772

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BIRTH NO. _____		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 4435		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Ralls</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ralls</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Perry, Missouri</b>		c. LENGTH OF STAY (in this place) <b>6 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Perry, Missouri</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Cora</b>		b. (Middle) <b>Ellen</b>		c. (Last) <b>Arday</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 28, 1950</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>October 20, 1872</b>	
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR <b>4</b> Months		IF UNDER 2 HRS. <b>4</b> Hours		IF UNDER 15 MIN. <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (State or foreign country) <b>Ralls County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Pitt</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Harlinger</b>		14. NAME OF HUSBAND OR WIFE <b>Nathaniel Arday</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Henry Howard, Perry, Missouri</b>			
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) <b>Perniciosa Anemia</b>  ANTECEDENT CAUSES 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. <b>Acute Pulmonary Edema</b>				INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>  <b>2900</b> <b>6 hours</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 1, 1949</b> , to <b>Feb 28, 1950</b> , that I last saw the deceased alive on <b>Feb 28, 1950</b> , and that death occurred at <b>7:30 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John M. ...</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Perry, Missouri</b>		23c. DATE SIGNED <b>3/2/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/2/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Center, Missouri</b>	
DATE RECD BY LOCAL REG. <b>3/2/50</b>		REGISTRAR'S SIGNATURE <b>Clyde Welch</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clyde Welch</b>		ADDRESS <b>Perry, Missouri</b>	

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

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RECEIVED MAR 7 19  
District Health Officer No.  
District File Number 3-37  
Date Filed MAR 7 19

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 Clyde C. Wilkey

Licensed Embalmer No. 3850

P. O. Address Permy, 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.