

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35968

Registrar's No. 99

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wood Wash twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>unkn</u>	
c. LENGTH OF STAY (in this place) <u>31 yrs 6 days</u>		d. STREET ADDRESS (If rural, give location) <u>unkn</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY DAVID</u> b. (Middle) _____ c. (Last) <u>DAVID</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-7-50</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unkn</u>	
8. DATE OF BIRTH <u>unkn</u>			9. AGE (In years last birthday) <u>about 76 years</u>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unkn</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unkn</u>		11. BIRTHPLACE (State or foreign country) <u>unkn</u>	
12. CITIZEN OF WHAT COUNTRY? <u>unkn</u>					

13a. FATHER'S NAME <u>unkn</u>		13b. MOTHER'S MAIDEN NAME <u>unkn</u>		14. NAME OF HUSBAND OR WIFE <u>unkn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unkn</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital record</u>	

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) <u>Cyelo-nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6000</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Senile deterioration</u>				
		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. <u>unkn</u>				

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) _____		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 2-1-1950, to 10-7-1950, that I last saw the deceased alive on 10-7-1950, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. G. Hall, M.D.</u>		23b. ADDRESS <u>Neuada, Mo.</u>		23c. DATE SIGNED <u>10-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Oct. 9 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Hospital Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Vernon Co, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen W. Hoops Neada Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 9, 1950</u>		REGISTRAR'S SIGNATURE <u>Walter H. Vancey</u>		361	

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 16 1950
Dist. File 1050-2101
Date Filed 10-16-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Allen J. Hays

Licensed Embalmer No. 1868

P. O. Address Nevada, 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.