

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

43673

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 1908 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Genesee</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Genesee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Holland, Genesee</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti 0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Holland Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>U</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eda</u> b. (Middle) <u>Belle</u> c. (Last) <u>Daily</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 20, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 9, 1868</u>	9. AGE (In years last birthday) Months Days <u>82 4 11</u>	# UNDER 1 YEAR Hours Mins.	# UNDER 1 YEAR Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Chester, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S M maiden name <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>_____</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.E. Daily</u>	ADDRESS <u>Hayti, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		<u>1 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>334x</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 (e.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)	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 July, 1950, to Aug. 19, 1950, that I last saw the deceased alive on Aug. 19, 1950, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L.S. Atkinson, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Blytheville, Arkansas</u>	23c. DATE SIGNED <u>8/29/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-25-51</u>	REGISTRAR'S SIGNATURE <u>L.S. Atkinson</u>	249	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Ball</u>	ADDRESS <u>Funeral Home Blytheville, Ark.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0780

1-51-29

B. Beecher, M. D.,  
Misscot County Health Department,  
Carruthersville, Missouri

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 Jos. R. Small

Licensed Embalmer No. 3100

P. O. Address Byrdsville

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.