

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8235

451
1

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette	
d. FULL NAME OF HOSPITAL OR INSTITUTION 401 Watts		d. STREET ADDRESS (If rural, give location) 401 Watts	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) William		(Month) (Day) (Year) Mar. 21, 1951	
b. (Middle) Edward			
c. (Last) Cady			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 21, 1857
9. AGE (In years) (Specify birthday) 93		10. USUAL OCCUPATION (Give kind of work done (or name of profession, trade, etc., even if retired) Carpenter	11. BIRTHPLACE (State or foreign country) Schuyler Co. Illinois
10a. USUAL OCCUPATION (Give kind of work done (or name of profession, trade, etc., even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Builder	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Francis Eugene Cady		13b. MOTHER'S MAIDEN NAME Iricilla Norvell	
14. NAME OF HUSBAND OR WIFE Jessie Parker			
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. -----	
17. INFORMANT'S SIGNATURE OR NAME Miss Beulah Cady		ADDRESS Fayette, 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, asthma, 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) Heart gave way			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) old age			
DUE TO (c) Swelling of limbs		794X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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.) Fayette	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Howard Mo			
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 _____, 1938, to Mar 7, 1951, that I last saw the deceased alive on Mar 7, 1951, and that death occurred at 5:40 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. K. L. Francis, D.C.		23b. ADDRESS Boonville, Mo.	
23c. DATE SIGNED 3-22-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/23/51	
24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery		24d. LOCATION (City, town, or county) (State) Fayette Mo	
DATE REC'D BY LOCAL REG. 3-23-51		REGISTRAR'S SIGNATURE Mary K. Shell	
436		25. FUNERAL DIRECTOR'S SIGNATURE Dalsh H. Carr	
Fayette, Mo		ADDRESS Fayette, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-28-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ralph A Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address *Jayette 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.