

STANDARD CERTIFICATE OF DEATH

44280

State File No.

REG. DIST. NO. 347

PRIMARY REG. DIST. NO. 6162

Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Reeds Springs</u>		c. LENGTH OF STAY (in this place) <u>5 1/2 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) <u>Reeds Springs Mo.</u>	
d. STREET ADDRESS (If rural, give location) <u>1040</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u> b. (Middle) <u>W</u> c. (Last) <u>Fly</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 19-1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 24 1868</u>
9. AGE (In years last birthday) <u>83-0-25</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter & Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Orager</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hedrick</u>	14. NAME OF HUSBAND OR WIFE <u>Ida May Fly</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ida May Fly</u> ADDRESS <u>Reeds Springs</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>331X</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis + Hypertension</u> DUE TO (c) 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 <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 <u>Dec 12, 1951</u> , to <u>Dec 19, 1951</u> , that I last saw the deceased alive on <u>—</u> , 19 <u>—</u> , and that death occurred at <u>1 1/2 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. C. Bunter</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Branson, Mo.</u>	23c. DATE SIGNED <u>12/20/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 21-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cape Fair Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Fair, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec. 22-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Prosser</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett J. Cheatham</u> ADDRESS <u>Malina, Mo.</u>	

per Lena Murray (Licensed Embalmer's Statement on Reverse Side)

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

 040
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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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Everett J. Cheatham*

Licensed Embalmer No. *3870*

P. O. Address *Salina 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.