

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36395

State File No.

FILED OCT 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>4267</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Odessa</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Odessa</u>		0540 0
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Delay</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8, 1953</u>
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 24, 1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lafayette Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Jas. A. Delay</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Maxwell</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>F. E. Delay</u>		ADDRESS <u>Odessa, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Vascular Hypertension</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Indisput</u>
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) (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>Oct 5, 1953, to Oct 8, 1953</u> , that I last saw the deceased alive on <u>Oct 8, 1953</u> , and that death occurred at <u>10:15 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. F. Hlaughter, Jr.</u>		23b. ADDRESS <u>Odessa, Mo.</u>		23c. DATE SIGNED <u>10/9/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct. 10, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Tabor Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Odessa, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10/9/53</u>	REGISTRAR'S SIGNATURE <u>Emma Duxson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>husman - Sparks</u> ADDRESS <u>Odessa, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 30 1954

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

George P. Husman

Licensed Embalmer No. *9544*

P. O. Address. *Albany, 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.