

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4195

State File No.

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5157 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Callaway</i>	
b. CITY OR TOWN <i>Readsville, Mo.</i>		c. CITY OR TOWN <i>Readsville</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home</i>		e. STREET ADDRESS (If rural, give location) <i>Williamsburg, Mo.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Marie</i> b. (Middle) <i>Leanda</i> c. (Last) <i>Pasley</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>2 13 1954</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Jan 24 1890</i>
9. AGE (In years last birthday) <i>63</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>12</i>	IF UNDER 1 HR. Hours <i>12</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Calwood, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>

13a. FATHER'S NAME <i>John Thomas Potts</i>	13b. MOTHER'S MAIDEN NAME <i>Delphine P. Potts</i>	14. HUSBAND OR WIFE <i>Henry Pasley</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Carl Pasley Readsville, Mo.</i>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1-17-1954</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardio-vascular Hypertension</i>		
	DUE TO (c) <i>Arteriosclerosis</i>		
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 <i>331 X</i>	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 *11-15 1951*, to *2-13 1954* that I last saw the deceased alive on *2-11 1954*, and that death occurred at *7:35 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. O. Seigler M.D.</i>	23b. ADDRESS <i>Rt #6 Fulton Mo</i>	23c. DATE SIGNED <i>2-14-54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Feb 15-1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Bethel Cemetery</i>
		24d. LOCATION (City, town, or county) (State) <i>Readsville, Mo.</i>

DATE REC'D BY LOCAL REG. <i>Feb. 14-1954</i>	REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>	426-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Paul Donohoe</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *D B Baker*

Licensed Embalmer No. 3375

P. O. Address Americus, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.