

FILED MAR 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5430**

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **14**

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1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Lexington	c. LENGTH OF STAY (in this place) 14 1/2 hrs.	c. CITY OR TOWN Hodge	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) Lexington Memorial Hospital		f. STREET ADDRESS (If rural, give location) 1 1/2 Miles West of Hodge, Mo.	

3. NAME OF DECEASED (Type or Print) James	a. (First)	b. (Middle)	c. (Last) Fihaly	4. DATE OF DEATH February 21, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 29, 1879	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 75 1 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY OWNER	11. BIRTHPLACE (City and State or Foreign Country) Lafayette Co. Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME James Fihaly	13b. MOTHER'S MAIDEN NAME Lula Riskey	14. NAME OF HUSBAND OR WIFE Maggie Hatfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Maggie Fihaly, Hodge, Missouri

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular renal disease		INTERVAL BETWEEN ONSET AND DEATH sudden
	ANTECEDENT CAUSES DUE TO (b) _____ 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	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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) Hodge Lafayette Missouri
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 **2-20-55**, 19___, to **2-21-55**, 19___, that I last saw the deceased alive on **2-21-55**, 19___, and that death occurred at **8:30A** m., from the causes and on the date stated above.

23a. SIGNATURE Joe W. Ward MD	(Degree or title)	23b. ADDRESS Lexington - Mo	23c. DATE SIGNED 3-4-55
24a. BURIAL (REMOVAL) (Specify) Burial	24b. DATE February 23, 1955	24c. NAME OF CEMETERY OR CREMATORY Dover	24d. LOCATION (City, town, or county) (State) Dover Missouri.

DATE REC'D BY LOCAL REG. 3-5-55	REGISTRAR'S SIGNATURE Wm. E. ...	25. FUNERAL DIRECTOR'S SIGNATURE Joseph J. ...	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *L. W. McKean*.....

Licensed Embalmer No. *228*

P. O. Address *Leominster, Mass.*

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.