

STANDARD CERTIFICATE OF DEATH

State File No. **32920**

FILED SEP 18 1956

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **180**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Vernon	b. CITY (If outside corporate limits, write RURAL and give township) Nevada	c. STATE Missouri	d. COUNTY Vernon
c. LENGTH OF STAY (in this place) 80 yrs.		c. CITY OR TOWN Nevada	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Ledy Hospital		e. STREET ADDRESS (If rural, give location) 426 W. Walnut Street	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Viola	b. (Middle) Cornett	c. (Last) O'Soolo	(Month) Sept.	(Day) 7-	(Year) 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 11 - 1891		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			9. AGE (In years last birthday) 84		
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Vernon County		
13a. FATHER'S NAME Isaac Haines			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13b. MOTHER'S MAIDEN NAME Margaret Haines			14. NAME OF HUSBAND OR WIFE Deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Elmer J. O'Soolo	
				RFD ADDRESS Moundville	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute ventricular failure	ANTECEDENT CAUSES		5 min
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Arteriosclerotic heart disease	2 hours
		DUE TO (c) Generalized arteriosclerosis	5 years
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.)	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?
		4200

22. I hereby certify that I attended the deceased from June 26, 1946, to Sept 7, 1956, that I last saw the deceased alive on Sept 7, 1956, and that death occurred at 10:22 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray W. Penney M.D.	23b. ADDRESS Nevada Mo	23c. DATE SIGNED 9/6/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-10-1956	24c. NAME OF CEMETERY OR CREMATORY Deerwood Cemetery
		24d. LOCATION (City, town, or county) (State) Nevada Vernon Mo

DATE REC'D BY LOCAL REG. 9-11-1956	REGISTRAR'S SIGNATURE Anna E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Hoys Funeral Service Inc	ADDRESS Nevada Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

10.300
0.48
Gr. Search

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

Student.....
Signature of Student Embalmer

Signed *A. H. Marmaduke*.....

Licensed Embalmer No. *2070*

P. O. Address *Wroada*.....

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.