

STANDARD CERTIFICATE OF DEATH

12639

State File No. _____

FILED MAY 1 - 1957

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4166 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>DEKALB CO</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DEKALB</u>		
b. CITY OR TOWN <u>WEATHERBY</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>WEATHERBY MO</u>		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 <u>HOME</u>			e. STREET ADDRESS (If rural, give location) <u>0320</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eta</u> b. (Middle) <u>ANN</u> c. (Last) <u>Fadely</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED - NEVER MARRIED - WIDOWED, DE <u>W</u>	8. DATE OF BIRTH <u>Aug 5 1867</u>		9. AGE (In years last birthday) <u>89</u> if UNDER 1 YEAR Months _____ Days _____ if UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Alphonso Sherrill</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Pearson</u>		14. NAME OF HUSBAND OR WIFE _____	
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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Roy Cloycomb Weatherby</u> ADDRESS _____		

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.		MEDICAL CERTIFICATION 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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio sclerosis Hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> 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) <u>331X</u>	
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 9/21, 1956, to 4/20, 1957, that I last saw the deceased alive on 4/20, 1957 and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frederick W. Oldson, M.D.</u>		23b. ADDRESS <u>Winstons mo.</u>		23c. DATE SIGNED <u>4/20/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>April 22 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOPKINSON</u>	24d. LOCATION (City, town, or county) (State) <u>MAYSVILLE MO</u>	

DATE REC'D BY LOCAL REG. <u>4-26-57</u>	REGISTRAR'S SIGNATURE <u>Rebecca Davidson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Brown</u>	ADDRESS <u>MAXSVILLE</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 8 1951

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.....
Licensed Embalmer No. 3933
P. O. Address.....

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.