

FILED JAN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39249**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>5000</u>		Registrar's No. <u>378</u>			
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Missouri COUNTY Adair					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville Rural		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville R. R. #4					
d. FULL NAME OF HOSPITAL OR INSTITUTION Kirksville, Mo. R. R. #4				d. STREET ADDRESS (If rural, give location) R. R. #4					
3. NAME OF DECEASED (Type or Print) a. (First) Millard b. (Middle) B c. (Last) Day			4. DATE OF DEATH (Month) 12 (Day) 26 (Year) 1948						
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/23/1879		9. AGE (In years last birthday) 69	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Adair County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Hezekiah Day			13b. MOTHER'S MAIDEN NAME Ella Parrish		14. NAME OF HUSBAND OR WIFE Anna Rahe				
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 Anna Day		ADDRESS Kirksville, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> 131a		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis with Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis with Auricular Fibrillation DUE TO (c) Cardio-vascular renal disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Death Sudden - 3 years 10 years.		
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)		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>8-18</u> , 19 <u>45</u> , to <u>12-26</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>12-22</u> , 19 <u>48</u> , and that death occurred at <u>9:15 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Howard E. Gross, D.O. I				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 12-29-48			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/29/48	24c. NAME OF CEMETERY OR CREMATORY Maple Hills		24d. LOCATION (City, town, or county) (State) Kirksville Missouri				
DATE REC'D BY LOCAL REG. 1-1-49		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Riley		ADDRESS Kirksville, Mo			

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

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RECEIVED

District Health Officer No. 10

District File Number 1.49.7

Date Filed JAN 4 - 1949

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 Roy B. Menden.....

Licensed Embalmer No. 4432.....

P. O. Address Kirksville, 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.