

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH8928  
State File No. ....

503

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsboro 4</u>		c. LENGTH OF STAY (In this place) <u>2 mo</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus, Mo.</u>		53	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>R# 1</u>	
3. NAME OF DECEASED a. (First) <u>Harold</u> b. (Middle) <u>Edward</u> c. (Last) <u>Day</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 25 49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 19, 1918</u>
9. AGE (In years last birthday) <u>30</u>		10. MONTHS <u>2</u>	11. DAYS <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Crystal City, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Le Roy Day</u>	
13b. MOTHER'S MAIDEN NAME <u>Edna F. Moran</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>Le Roy Day</u>		ADDRESS <u>Festus, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinson syndrome</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 or 20 years</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Encephalitis, type undetermined</u>		<u>2 7 years</u>	
DUE TO (c) <u>? influenza</u>		<u>2.7 years</u>	
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 <u>85+</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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 <u>Dec. 29, 1948</u> , to <u>Feb. 25, 1949</u> , that I last saw the deceased alive on <u>Feb. 25, 1949</u> , and that death occurred at <u>8:00 p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thomas A. Sounell M.D.</u>		23b. ADDRESS <u>16 Boyd St. Besoto, Mo.</u>	
23c. DATE SIGNED <u>Feb. 28, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 28, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Gamel</u>		24d. LOCATION (City, town, or county) (State) <u>Festus, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-3-49</u>		REGISTRAR'S SIGNATURE <u>Ruthleen Marsden</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Geentry R. Talbot</u>		ADDRESS <u>Crystal City, Mo.</u>	

~~Date Filed~~  
~~District File Number~~ 3-16-49  
District Health Officer No. 9  
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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 \_\_\_\_\_

Ad. B. [Signature], Student Embalmer No. 345  
working under my personal supervision.

Signed Ad. B. [Signature]  
Student Embalmer

Signed Geoffrey R. Polite  
Licensed Embalmer No. 3481  
P. O. Address Crystal City, Va

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.