

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **12245**

FILED MAY 11 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>IRON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural, Arcadia</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>IRON MOUNTAIN</b>	
c. LENGTH OF STAY (in this place) <b>STAY</b>		d. STREET ADDRESS (If rural, give location) <b>1/2 mile north of Ironton</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>DOYLE</b>	b. (Middle) <b>EUGENE</b>	c. (Last) <b>KAY</b>	(Month) <b>APRIL</b>	(Day) <b>22</b>	(Year) <b>1949</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>2/15/31</b>	9. AGE (In years last birthday) <b>18</b>	IF UNDER 1 YEAR Months <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School BOY</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>IRON MOUNTAIN MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>JAMES KAY</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY BLANKENSHIP</b>		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) <b>NO</b>		16. SOCIAL SECURITY NO. <b>499-32-3924</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>JAMES KAY IRON MOUNTAIN MO.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HEAD INJURY BRAIN SEVERED FROM ANTECEDENT CAUSES</b>		
	DUE TO (b) <b>CAVITY, BROKEN NECK, LEFT</b> DUE TO (c) <b>FEMUR BROKEN. AUTO ACCIDENT</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. 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.) <b>ON HIGHWAY # 21.</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>IRONTON MO. IRON MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4 22 49 12</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>HEAD ON COLLISION</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Ch. Howell</i> 3		(Degree or title) <b>CORONER</b>		23b. ADDRESS <b>IRONTON MO</b>		23c. DATE SIGNED <b>4/25 49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4/24/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>IRON MOUNTAIN, MO.</b>		24d. LOCATION (City, town, or county) (State) <b>IRON MOUNTAIN MO</b>	

DATE REC'D BY LOCAL REG. <b>May 2, 1949</b>		REGISTRAR'S SIGNATURE <i>Madeline Jones</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WHITES FUNERAL HOME IRONTON MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

47

RECEIVED

Health Officer No. 4

File Number 549-6

Dated 5-10-4

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.

Signed Archie White

Signed.....  
Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Clinton Ave

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.