

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39966

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6198 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY TEXAS 107	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CASS Twp. 1	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CASS Twp.	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			

3. NAME OF DECEASED (Type or Print) ANDREW JACKSON LAY	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) DEC. 1, 1949		
5. SEX M O W	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH MAY 6, 1874	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) TEXAS CO., MO.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN LAY	13b. MOTHER'S MAIDEN NAME JANE CHAMBERLAIN	14. NAME OF HUSBAND OR WIFE MITILDA LAY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS OTTO LAY HOUSTON

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease	DUE TO (b)		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atrophic Arteries			
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?

22. I hereby certify that I attended the deceased from July, 1948, to Oct, 1949, that I last saw the deceased alive on Oct 15, 1949, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Garrett Longford</i>	23b. ADDRESS Cabool Mo	23c. DATE SIGNED Dec 2 49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-2-49	24c. NAME OF CEMETERY OR CREMATORY TYRONE CEMET. TEXAS CO., MO.

DATE REC'D BY LOCAL REG. 12-2-49	REGISTRAR'S SIGNATURE Gaynell Cunningham	325	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Elliott	ADDRESS Cabool
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Rec'd
10-2
9:

APR 1 1958

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 James L. Gentry

Signed.....
Student Embalmer

Licensed Embalmer No. 4718

P. O. Address Cabool

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.