

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <i>Adair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Mo</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kirkville</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Hurdland</i>	
c. LENGTH OF STAY (in this place) <i>3 yrs 5 mos</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Community Nursing Home #1</i>			
3. NAME OF DECEASED a. (First) <i>John</i>		b. (Middle) <i>P.</i>	
c. (Last) <i>Lay</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>1-30-50</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>Wh</i>	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>2-22-1874</i>
9. AGE (In years last birthday) <i>75</i>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 WKS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	
11. BIRTHPLACE (State or foreign country) <i>Council Bluffs Iowa</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Proctor Lay</i>		13b. MOTHER'S MAIDEN NAME <i>Rhoda Stevenson</i>	
14. NAME OF HUSBAND OR WIFE <i>Anna M. Gregory</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Lula Diehl, Greentop Mo</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Medullary Failure</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Cerebral Thrombosis</i> <i>4 days</i>	
DUE TO (c) <i>Atherosclerosis Left leg</i> <i>unknown</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Thrombosis post. tibial artery</i> <i>6 days</i>	
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) <i>4201</i>	
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 <i>9-7-46</i> to <i>1-30</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>1-30</i> , 19 <i>50</i> , and that death occurred at <i>2:35 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>M.T. Hutenshew D.O.</i>		23b. ADDRESS <i>Kirkville Mo</i>	
23c. DATE SIGNED <i>1/30/50</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>2/1/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New Harmony</i>	
24d. LOCATION (City, town, or county) (State) <i>Schuyler Co Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>John R. ...</i>	
25. ADDRESS <i>Kirkville Mo</i>		DATE REC'D BY LOCAL REG. <i>2-4-50</i>	
REGISTRAR'S SIGNATURE <i>Kate Lambert</i>		25. ADDRESS	

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

RECEIVED FEB 7 1952  
District Health Officer No. \_\_\_\_\_  
District File Number 2-28-52  
Date Filed FEB 7 1952

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. Mercer

Licensed Embalmer No. 4432

P. O. Address St. Kowale, 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.