

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5911

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL, and give town) <u>Farmington</u> OR TOWN <u>RURAL</u> <u>St. Francois</u>		c. LENGTH OF STAY (in this place) <u>6 Hrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Missouri State Hospital No. 4</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elvins</u> <u>RURAL</u> <u>0740</u>	
		d. STREET ADDRESS (If rural, give location) <u>Route 1</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>Daniel</u>	c. (Last) <u>LAHAY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 2, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 22, 1878</u>	9. AGE (in years last birthday) <u>71</u>	IF UNDER 1 YEAR Days <u>10</u> Hours <u>xxx</u> Min. <u>10</u> Sec. <u>das.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Franklin Lahay</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Thurman</u>	14. NAME OF HUSBAND OR WIFE <u>Rosie House</u>
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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. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u> ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		18. INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>ventricular fibrillation</u>		
	ANTECEDENT CAUSES: <u>chronic x neutral regurg</u>		
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Chy interstitial nephritis</u>		
	II. OTHER SIGNIFICANT CONDITIONS: <u>Prostate Mellitus</u>		<u>4331</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 10, 1946 to 3-2-50, that I last saw the deceased alive on 2-1-1950, and that death occurred at 9:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>N. C. Galle M.D.</u> (Degree or title)	23b. ADDRESS <u>DeLoach Mo</u>	23c. DATE SIGNED <u>3-6-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 5, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Germania Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Bonne Terre, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 6, 1950</u>	REGISTRAR'S SIGNATURE <u>Ether Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home Farmington, Mo.</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

940
7

RECEIVED

MAR 13 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-382

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 Bert J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, N.H.

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.