

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12287

BIRTH NO. 12671-50 REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4116 Registrar's No. 43

| | | | | | |
|---|--|--|---|---------------------------------------|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Chariton | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sumner | | c. LENGTH OF STAY (in this place) 2 MOS. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sumner | | 0210 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. | | | d. STREET ADDRESS (If rural, give location) | | |
| 3. NAME OF DECEASED (Type or Print) JANICE JEAN KAYE | | | a. (First) | b. (Middle) | c. (Last) |
| 4. DATE OF DEATH (Month) (Day) (Year) April 25, 1950 | | | | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NM | 8. DATE OF BIRTH Feb. 13, 1950 | 9. AGE (in years last birthday) 2 | 10. IF UNDER 1 YEAR Months 13 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Warrenton, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |
| 13a. FATHER'S NAME John E. Kaye | | 13b. MOTHER'S MAIDEN NAME Betty Jean Howard | | 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) | | 16. SOCIAL SECURITY NO. - | 17. INFORMANT'S SIGNATURE OR NAME John E. Kaye | | ADDRESS Sumner, Mo. |
| 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) | | | DUE TO (b) | | INTERVAL BETWEEN ONSET AND DEATH. |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | DUE TO (c) | | Don't know |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | 1560 |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9 a m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) H. D. Barnett, Coroner of Chariton County, Mo. | | | 23b. ADDRESS Keyteville, Mo. | | 23c. DATE SIGNED 4-27-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4-26-50 | 24c. NAME OF CEMETERY OR CREMATORY Lakeside | 24d. LOCATION (City, town, or county) (State) Sumner, Mo. | | |
| DATE REC'D BY LOCAL REG. 4/26/50 | REGISTRAR'S SIGNATURE Martha Clark 57 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home, Brookfield, Mo. | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 4

District Health Officer

Case File Number

Filed

5/5/50

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

Narsed B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.