

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12478

State File No. _____

0350

BIRTH NO. _____		REG. DIST. NO. <u>108</u>		PRIMARY REG. DIST. NO. <u>4179</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 Yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath</u> <u>0350</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 317 Vine St.</u>				d. STREET ADDRESS (If rural, give location) <u>317 Vine St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Hay</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH-18-1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 23-1879</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>70 - 11-24</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Richard J. Hay</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sperry</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Hay</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J.M. Hay</u>		ADDRESS <u>Senath Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Hypertention</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bladder stone</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> <u>?</u> <u>?</u>
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) <u>4201</u>			
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 <u>March 1</u> , 19 <u>50</u> , to <u>March 18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/18</u> , 19 <u>50</u> , and that death occurred at <u>7:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Enter P Bell</u> (Degree or title) <u>MD.</u>				23b. ADDRESS <u>Senath, Mo</u>		23c. DATE SIGNED <u>3/20/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Senath Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Senath Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-20-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs J.T. Lanier</u> 91		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kenneth</u>		ADDRESS <u>Senath Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Fred Carter, O.M.

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-23-50

COUNTY FILE NUMBER 350-105

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed Edgar Lee Ford

Signed _____
Student Embalmer

Licensed Embalmer No. 4433

P. O. Address Kennett 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.