

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14293

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6069 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Iron		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Iron	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 1 1/2 mi. east of Iron Mt.		d. STREET ADDRESS (If rural, give location) 1 1/2 mi. east of Iron Mountain	

3. NAME OF DECEASED (Type or Print) Radius A. Kay	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Apr. 13 1950
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single (1)	8. DATE OF BIRTH Apr. 24 1895	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 11 Days 19	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Greeley Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John W. Kay	13b. MOTHER'S MAIDEN NAME Melvina Bowen	14. NAME OF HUSBAND OR WIFE #
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Kay, Iron Mountain Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>33 1/2</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i> DUE TO <i>Widow of Living</i>		
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		

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) m.	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 *March 2*, 1950, to *April 13*, 1950, that I last saw the deceased alive on *April 4*, 1950, and that death occurred at *8:00 A.M.* m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. W. Gale M.D.</i> (Degree or title)	23b. ADDRESS <i>Bismarck Mo.</i>	23c. DATE SIGNED <i>April 14-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>4-15-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Iron Mountain</i>	24d. LOCATION (City, town, or county) (State) <i>Iron Mountain Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Apr. 18, 1950</i>	REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>White Funeral Home</i>	ADDRESS <i>Iron Mountain Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

5940

0940

APR 12 1955

DEPT. OF HEALTH OFFICE No. 4

450-598

Embalmed by me
4/12/55

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
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Signed *Russell White*

Licensed Embalmer No. *3012*

P. O. Address *St. Louis, 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.