

FILED JUN 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21087**

BIRTH NO. _____		REG. DIST. NO. 256		PRIMARY REG. DIST. NO. 4388		Registrar's No. 10			
1. PLACE OF DEATH a. COUNTY Osage				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Osage					
b. CITY OR TOWN Chamois		c. LENGTH OF STAY (in this place) life		c. CITY OR TOWN Chamois		0760			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) None					
3. NAME OF DECEASED (Type or Print) John Edward Day			a. (First) John b. (Middle) Edward c. (Last) Day			4. DATE OF DEATH June 13, 1950 (Month) (Day) (Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 16, 1879			
9. AGE (in years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor Retired		11. BIRTHPLACE (State or foreign country) Cooper Hill, Mo.		12. CITIZEN OF WHAT COUNTRY? This			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor Retired		10b. KIND OF BUSINESS OR INDUSTRY Highway & Road		11. BIRTHPLACE (State or foreign country) Cooper Hill, Mo.		12. CITIZEN OF WHAT COUNTRY? This			
13a. FATHER'S NAME John Joseph Day			13b. MOTHER'S MAIDEN NAME Emma Baker			14. NAME OF HUSBAND OR WIFE Georgia Hensley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-10-5330		17. INFORMANT'S SIGNATURE OR NAME Mrs. J. E. Day		ADDRESS Chamois, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4201	
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) (Min)		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 1947 , to June 13, 1950 , that I last saw the deceased alive on June 12, 1950 , and that death occurred at 4:00 A.M. m., from the causes and on the date stated above.									
23a. SIGNATURE J. E. Giffen D.O.				23b. ADDRESS Chamois, Mo.		23c. DATE SIGNED 6/14/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/15/50		24c. NAME OF CEMETERY OR CREMATORY Chamois Public		24d. LOCATION (City, town, or county) (State) Chamois, Mo.			
DATE REC'D BY LOCAL REG. 6-14-50		REGISTRAR'S SIGNATURE Esther Souder		25. FUNERAL DIRECTOR'S SIGNATURE Clyde Weston Linn, Mrs		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number _____

District Health Officer No. 9,

RECEIVED
JUN 19 1950

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.....
Student Embalmer

Signed *Vernon M. Mester*

Licensed Embalmer No. *4125*

P. O. Address *Linn 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.