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FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36195

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1278

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) 0 901 South 16th	

3. NAME OF DECEASED (Type or Print) a. (First) Edith b. (Middle) Emma c. (Last) Gay			4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 7, 1903	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Oregon, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Colhour	13b. MOTHER'S MAIDEN NAME Emma Banks	14. NAME OF HUSBAND OR WIFE Alonzo A. Gay
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 491-09-1042	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen Lowe, St. Joseph, 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		INTERVAL BETWEEN ONSET AND DEATH Few minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ① Contusion to right forehead slight ② Fracture to anterior right 5th rib 2 hours
19a. DATE OF OPERATION			
19b. MAJOR FINDINGS OF OPERATION Crown & Dr. Munday investigated this death and concurred on cause of death			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 4201 F	
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 9-8, 1950, to 11-8, 1950, that I last saw the deceased alive on 11-8, 1950 and that death occurred at 10:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm B. Root M.D.	23b. ADDRESS 510 Carlyle St. St. Joseph, Mo.	23c. DATE SIGNED 11-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 11, 1950	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. Nov. 15, 1950	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton Bowman Funeral Home St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 8 1961

Dr. Proff
Cathy May

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 *William Spalling*

Licensed Embalmer No. *4585*

P. O. Address *319 S. 107th St. Omaha, Neb.*

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.