

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39984

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 407

142
2

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Morgan</u>	
b. CITY OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (In this place township) <u>10m 18d</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Barnett</u> <u>0710</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>J</u> c. (Last) <u>KAYS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 18 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Sept 25-1888</u>	9. AGE (In years last birthday) <u>62</u>	<u>2</u> <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Barnett Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Nathan W Kays</u>		13b. MOTHER'S MAIDEN NAME <u>Judith Woods</u>		14. NAME OF HUSBAND OR WIFE <u>Neva Kays</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <u>no</u>		16. SOCIAL SECURITY NO. <u>OK none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Neva Kays Versailles Mo</u>	

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 <u>490X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		
	ANTECEDENT CAUSES 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. <u>Manic depressive psychosis manic type</u>		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	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>none</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>

22. I hereby certify that I attended the deceased from Nov 28, 1950, to Dec 18, 1950 that I last saw the deceased alive on Dec 18, 1950, and that death occurred at 1:37 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J Caldwell M.D.</u>		23b. ADDRESS <u>State Hos Fulton Mo</u>		23c. DATE SIGNED <u>12-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>20 Dec 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Big Rock</u>	24d. LOCATION (City, town, or county) (State) <u>Morgan Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec-18-1950</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	4261	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Keith M Kays, Eldon Mo</u>		

File No. _____
DISTRICT HEALTH OFFICE, No. 4

DEC 26 1950

RECEIVED

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 Rich M. Kays
Licensed Embalmer No. 3958

P. O. Address Eldon 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.