

FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4619
Registrar's No. 6

0460

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

BIRTH NO. _____		REG. DIST. NO. <u>142</u>		PRIMARY REG. DIST. NO. <u>1333</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain view</u>		c. LENGTH OF STAY (in this place) <u>50 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain view WEST-PLAINS</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chapel Hill</u>				d. STREET ADDRESS (If rural, give location) <u>Route 2</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Mary</u>			b. (Middle) <u>Catherine</u>			c. (Last) <u>Bay</u>	
6. COLOR OR RACE <u>W</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>Nov 8-1878</u>	
9. AGE (In years last birthday) <u>73</u>			10. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Paris, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>			13a. FATHER'S NAME <u>John B Pierce</u>	
13b. MOTHER'S MAIDEN NAME <u>Matilda Willis</u>			14. NAME OF HUSBAND OR WIFE <u>W H Bay</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. _____			17. INFORMANT'S SIGNATURE OR NAME <u>W. H. Bay</u>			ADDRESS <u>at 2 West Plains, Mo.</u>	
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) <u>hypertension</u>							
DUE TO (c) _____							
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 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 <u>Jan 7</u> , 19 <u>51</u> , to <u>Feb 20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 30</u> , 19 <u>51</u> , and that death occurred at <u>9:20p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Standa Barman</u>				23b. ADDRESS <u>Mountain View</u>		23c. DATE SIGNED <u>2-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-25-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn view, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-24-51</u>		REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home</u> ADDRESS <u>Mtn View, Mo</u>			

DIVISION OF HEALTH OF MD.

District No. 5 - Springfield

RECEIVED FEB 26 1957

Dist. File 251-444

Date Filed 2-28-57

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 Joe R. Duncan
Licensed Embalmer No. 4325
P. O. Address Mt View Md

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.