U.S. No. 300
REV. 10-48

0520

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 2 1951

State File No. 9123

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edina
c. LENGTH OF STAY (in this place): One Year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Edina, Missouri.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edina
d. STREET ADDRESS (If rural, give location):

0520

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas Aaron
b. (Middle):
c. (Last): Lay

4. DATE OF DEATH (Month) (Day) (Year): March - 26 - 1951

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May-3-1886
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 10, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Council Bluffs, Iowa
12. CITIZEN OF WHAT COUNTRY?: usa

13a. FATHER'S NAME: John Marlin Lay
13b. MOTHER'S MAIDEN NAME: Margaret Hamilton
14. NAME OF HUSBAND OR WIFE: Lizzie Bailey Lay, Edina, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Lizzie Lay — ADDRESS: Edina, Missouri.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Anoxemia (cerebral)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Thrombosis (apoplexy)
DUE TO (c): Arteriosclerosis 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: 332X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 19, 1951, *to* Mar. 26, 1951, *that I last saw the deceased alive on* Mar. 25, 1951, *and that death occurred at* 3:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William Jerome Freitas, D.O.
23b. ADDRESS: Gibson Hospital Edina Mo.
23c. DATE SIGNED: Mar. 27, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March-28-1951
24c. NAME OF CEMETERY OR CREMATORY: Linville
24d. LOCATION (City, town, or county) (State): Edina, Missouri.

DATE REC'D BY LOCAL REG.: Mar. 28-1951
REGISTRAR'S SIGNATURE: Nell S. Hunolt 151
25. FUNERAL DIRECTOR'S SIGNATURE: Keith Hudson — ADDRESS: Edina Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: MAR 3 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-631
Date Filed: MAR 3 1 1951

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina Missouri

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.