

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11327

1082

FILED APR 9 1951

REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 53

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

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. CITY (If outside corporate limits, write RURAL and give township) Nevada	
d. FULL NAME OF HOSPITAL OR INSTITUTION 507 South Cedar		d. STREET ADDRESS (If rural, give location) 507 South Cedar	
3. NAME OF DECEASED a. (First) Elijah b. (Middle) F c. (Last) Lay			4. DATE OF DEATH (Month) March (Day) 15 (Year) 1951
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 8, 1864
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac.	9. AGE (In years last birthday) 86 IF UNDER 1 YEAR: Months 9 Days 7 IF UNDER 6 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) Somerset, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Isaac Lay		13b. MOTHER'S MAIDEN NAME Phankful Owens	14. NAME OF HUSBAND OR WIFE Ellen J. Lay
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. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. G.W. Clevenger, 4854 Dayton Blvd Chattanooga, Tenn
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiectasis			INTERVAL BETWEEN ONSET AND DEATH 2 or 3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Kaeov			
DUE TO (c) Advanced age			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced age			
19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION ✓	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		526X	
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 3-12 , 1951, to 3-15 , 1951, that I last saw the deceased alive on 3-12 , 1951, and that death occurred at ✓ m., from the causes and on the date stated above.			
23a. SIGNATURE W. J. [Signature]		23b. ADDRESS Nevada, Mo	
23c. DATE SIGNED 3-21-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 17, 1951	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
DATE REC'D BY LOCAL REG. 3-28-51		REGISTRAR'S SIGNATURE Anna E. Ferry	
25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home		ADDRESS Nevada Missouri	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED, APR 2 1951

Dist. File 451-707

Date Filed 4-3-51

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 _____

Signed.....

Student Embalmer

Licensed Embalmer No. 1760

P. O. Address Nevada 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.