

FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5434 State File No. 12166

BIRTH NO.		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural St. John's		c. LENGTH OF STAY (In this place) 3 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural St. John's		1360	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD #1 East Washington, Mo.				d. STREET ADDRESS (If rural, give location) R.F.D. # 1 East Washington, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Arment		c. (Last) Lail		4. DATE OF DEATH (Month) (Day) (Year) 4 6 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 13, 1879	
9. AGE (In years last birthday) 71		10. 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) Wellsville, Mo. Calloway Co.	
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) Wellsville, Mo. Calloway Co.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John M. Lail			13b. MOTHER'S MAIDEN NAME Allie Thompson			14. NAME OF HUSBAND OR WIFE Mollie Lail	
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 ADDRESS Mrs. Herman Klekamp			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General debility				Interval 4 weeks			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Flaccid paralysis } both upper & lower extremities				Interval 4 weeks			
DUE TO (c) Cerebrovascular accident				Interval 4 weeks			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION none				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) 331X			
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 Sept 1950 , to 6 April 1951 , that I last saw the deceased alive on 6 April 1951 , and that death occurred at 9:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Raymond J. Boyer M.D. (Degree or title)				23b. ADDRESS Washington, Mo		23c. DATE SIGNED 7 April 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 8, 1951		24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		24d. LOCATION (City, town, or county) (State) Liberty, Calloway, Mo.	
DATE REC'D BY LOCAL REG. April 8, 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>		5. FUNERAL DIRECTOR'S SIGNATURE 99 <i>[Signature]</i>		ADDRESS Washington, Mo.	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 14 1951

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 A. F. Meiburg

Signed.....
Student Embalmer

Licensed Embalmer No. 2387

P. O. Address Washington, 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.