

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 14 1951

State, File No. 13018

492

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town or township) Webb City		c. CITY (If outside corporate limits, write RURAL and give township) Webb City 0492	
c. LENGTH OF STAY (In this place) 30yrs		d. STREET ADDRESS (If rural, give location) 618 N. Main St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 618 N. Main St.		d. STREET ADDRESS (If rural, give location) 618 N. Main St.	
3. NAME OF DECEASED (Type or Print) ETHEL			4. DATE OF DEATH (Month) (Day) (Year) May 3, 1951
a. (First)		b. (Middle)	
c. (Last) KAY			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 14, 1902
9. AGE (In years last birthday) 49		10. MONTHS 2	11. DAYS 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Van Dixon		13b. MOTHER'S MAIDEN NAME Cora Brown	14. NAME OF HUSBAND OR WIFE Herman Kay
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Kay Webb City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 8 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 331X		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 4-26- , 1951, to 5-2- , 1951, that I last saw the deceased alive on 5-2- , 1951, and that death occurred at 2:30 A m., from the causes and on the date stated above.			
23a. SIGNATURE C. J. Gregory (Degree or title)		23b. ADDRESS Webb City, Mo	23c. DATE SIGNED 5/4/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 5, 1951	24c. NAME OF CEMETERY OR CREMATORY G.A.R. Cemetery	24d. LOCATION (City, town, or county) (State) Miami, Oklahoma
DATE REC'D BY LOCAL REG. May 4-51	REGISTRAR'S SIGNATURE S. L. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge Lewis Webb City, Missouri	

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

RECEIVED 5-10-51
Jasper County Health Office

County File Number 51/4/384
Date Filed 5-11-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Leon J. Lewis*

Licensed Embalmer No. 4561

P. O. Address Wells City, 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.