

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16064

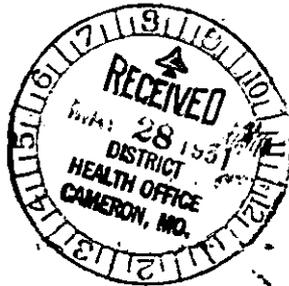
State File No. ....

BIRTH NO.		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5362</u> Registrar's No. <u>43</u>							
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jamesport Twp.</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jamesport Township</u>		0310						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Miles N.E. Jamesport Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>6 Miles N.E. Jamesport, Mo.</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lura</u>		b. (Middle) <u>Erma</u>	c. (Last) <u>Gay</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 1951</u>							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 26 1867</u>	9. AGE (In years last birthday) <u>83</u>	<table border="1"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 10 HRS.</td> </tr> <tr> <td>Months</td> <td>Days</td> </tr> <tr> <td>Hours</td> <td>Min.</td> </tr> </table>	# UNDER 1 YEAR	# UNDER 10 HRS.	Months	Days	Hours	Min.
# UNDER 1 YEAR	# UNDER 10 HRS.										
Months	Days										
Hours	Min.										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Daviess Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>						
13a. FATHER'S NAME <u>John Devorss</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ashbrook</u>	14. NAME OF HUSBAND OR WIFE <u>Archibald R. Gay (Deed)</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sam. Gay Jamesport, Missouri</u>								
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) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of left femur</u>			INTERVAL BETWEEN ONSET AND DEATH           <u>3 mo duration</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4221 F</u>		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) 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 <u>July 10, 1951</u> , to <u>July 11, 1951</u> , that I last saw the deceased alive on <u>May 10, 1951</u> , and that death occurred at <u>6:45A</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>D. S. Bailey</u>		23b. ADDRESS <u>Jamesport Mo</u>		23c. DATE SIGNED <u>5-24-51</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-14-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Daviess County, Missouri</u>								
DATE REC'D BY LOCAL REG. <u>25 May 1951</u>	REGISTRAR'S SIGNATURE <u>Virginia M Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. O. Richman</u>	ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

1310  
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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

*L. O. Jackson*

Signed.....

Student Embalmer

Licensed Embalmer No. 330 ✓

P. O. Address Callahan, 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.