S. No. 300
EV. 10.48

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

FILED JUL 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22634

State File No. [redacted]

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 100 [redacted]

0367 U

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WASHINGTON
c. LENGTH OF STAY (in this place): 6 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. FRANCIS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-CENTRAL 0360 U
d. STREET ADDRESS (If rural, give location): ST. CLAIR

3. NAME OF DECEASED (Type or Print)
a. (First): DERRELL
b. (Middle):
c. (Last): BAY

4. DATE OF DEATH (Month) 7 (Day) 11 (Year) 51

5. SEX: MALE U
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: MAY 19 1937
9. AGE (In years last birthday): 14 — If under 1 year: Months 1, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MO U
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: CECIL BAY
13b. MOTHER'S MAIDEN NAME: LELA BROWN
14. NAME OF HUSBAND OR WIFE: NONE

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: WALTER GEATON — **ADDRESS**: MORRELLTON, MO

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) Accident By Gun Shot — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fracture Skull
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* E9190 19

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 0 36
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): CENTRAL TWP. FRANKLIN MO
21d. TIME OF INJURY (Month) 7 (Day) 11 (Year) 51 (Hour) 4P 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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 10:00 P. m., from the causes and on the date stated above.*

23a. SIGNATURE: Thos. P. Shoffner (Degree or title) Coroner
23b. ADDRESS: Sullivan Mo.
23c. DATE SIGNED: 7/11/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 14 1951
24c. NAME OF CEMETERY OR CREMATORY: UNION CITY CEMETERY
24d. LOCATION (City, town, or county) (State): UNION MO

DATE REC'D BY LOCAL REG.: July 13 1951
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: Casey + Lenot — **ADDRESS**: St. Clair Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 14 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 K. M. Lenox

Licensed Embalmer No. 3601

P. O. Address St. Elair, 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.