

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 27955

FILED SEP 11 1951

BIRTH NO.		REG. DIST. NO. 299		PRIMARY REG. DIST. NO. 6028		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Reynolds 0900				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lesterville		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Carroll 0900			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS 3 1/2 miles east of Bunker			
3. NAME OF DECEASED (Type or Print) a. (First) ANDREW		b. (Middle) LORENZO		c. (Last) LAY		4. DATE OF DEATH (Month) (Day) (Year) Aug. 26 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 21 1889		9. AGE (in years last birthday) 61	10. IF UNDER 1 YEAR Months 11	11. IF UNDER 2 HRS. Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (State or foreign country) Reynolds Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jessie Lay		13b. MOTHER'S MAIDEN NAME Minnie Fox		14. NAME OF HUSBAND OR WIFE Minnie 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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Lay, Bunker 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) Bronchial asthma DUE TO (c) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mitral Insufficiency				INTERVAL BETWEEN ONSET AND DEATH Sudden	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 241X		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 July 12, 1951, to Aug 26, 1951, that I last saw the deceased alive on Aug 26, 1951, and that death occurred at 12:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. M. Fitzpatrick M.D.				23b. ADDRESS Lesterville MO		23c. DATE SIGNED 8/29/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8- -51	24c. NAME OF CEMETERY OR CREMATORY Bee Fork Cem.		24d. LOCATION (City, town, or county) (State) Bunker Missouri		
DATE REC'D BY LOCAL REG. Aug 28 1951		REGISTRAR'S SIGNATURE C. M. Fitzpatrick 275		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo. <i>Paul J. White</i>			

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

(Licensed Embalmer's) Statement on Reverse Side

RECEIVED

SEP 10 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

1951 7-1 C-13

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.....

W. A. White

Licensed Embalmer No. *4295*

P. O. Address.....

Trouton 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.