

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29251**

FILED SEP 13 1951

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

BIRTH NO.		REG. DIST. NO. 391		PRIMARY REG. DIST. NO. 6153		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Stoddard 1030				2. USUAL RESIDENCE (Where deceased lived. If deceased resided here before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) rural Pike		c. LENGTH OF STAY (in this place) 52 yrs		c. CITY (If outside corporate limits, write RURAL and give township) rural Pike		OR TOWN 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION near Adverse, Mo.				d. STREET ADDRESS (If rural, give location) near Adverse, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL			b. (Middle) HAY			c. (Last) HAY	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH Oct. 25, 1868		9. AGE (In years last birthday) 82		10. MONTHS 09		11. DAYS 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Bond Co. Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Orlando Day		13b. MOTHER'S MAIDEN NAME Milberry Sum		14. NAME OF HUSBAND OR WIFE			
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 Mrs. Harlan Smith, Adverse, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Nephritis				Gradual	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility					
		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				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) (Min.)		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, 1951 , to Aug 6, 1951 , that I last saw the deceased alive on Aug 6, 1951 , and that death occurred at 1:50 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. C. Masters				23b. ADDRESS Adverse, Mo.		23c. DATE SIGNED Aug. 9, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Aug. 7, 1951		24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove		24d. LOCATION (City, town, or county) (State) Adverse, Mo. P-2	
DATE REC'D BY LOCAL REG. 8-20-51		REGISTRAR'S SIGNATURE Benjamin Moore		25. FUNERAL DIRECTOR'S SIGNATURE Lloyd S. Morgan		ADDRESS Adverse, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

SEP 12 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

OCT 22 1951

NOV 21 1952

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.

Floyd S. Morgan Jr.

Student Embalmer No.....

Signed.....

Floyd S. Morgan Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4493

P. O. Address Advance, 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.