V.S. No. 300
Rev. 10-48

FILED DEC 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39064

State File No. 1

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5073 Registrar's No. 8-29

0480 1

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence (Rural) Sniabar
c. LENGTH OF STAY (in this place): 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.R.D. 3 - 10 mi East (Sniabar)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence - Rural - (Sniabar) Twp
d. STREET ADDRESS (If rural, give location): 10 mi East - 0480 0

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle): Pearl
c. (Last): Dayton

4. DATE OF DEATH (Month) (Day) (Year): Nov - 21 - 1952

5. SEX: Fml
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: May-15-1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Conway - Iowa
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: John Geabhart
13b. MOTHER'S MAIDEN NAME: Sarah Vannice
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): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Wm Dayton - Independence Mo. ADDRESS

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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-19, 1951, *to* 11-21, 1952, *that I last saw the deceased alive on* 11-16, 1952, *and that death occurred at* 6:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Merrill R. Bay M.D.
23b. ADDRESS: Blue Springs, Mo
23c. DATE SIGNED: 11-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Bural
24b. DATE: Nov-24-52
24c. NAME OF CEMETERY OR CREMATORY: Mt Washington
24d. LOCATION (City, town, or county) (State): Independence Mo

DATE REC'D BY LOCAL REG.: NOV. 24, 1952
REGISTRAR'S SIGNATURE: Donald C. Earnshaw 37 5 0
25. FUNERAL DIRECTOR'S SIGNATURE: Webb Funeral Home ADDRESS: Bluesprings Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 24 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.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2 3 5 3

P. O. Address.....

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.