S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 427

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 2

1 PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fredericktown 0621
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print): a. (First) Walter b. (Middle) H c. (Last) DAY

4. DATE OF DEATH (Month) (Day) (Year): 1-9-1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: FEB 15, 1877
9. AGE (In years last birthday): 75 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): PIANO SERVICE
10b. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED PIANO SERVICE
11. BIRTHPLACE (State or foreign country): FREDERICKTOWN Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: E. H. DAY
13b. MOTHER'S MAIDEN NAME: CARRIE CAMPBELL
14. NAME OF HUSBAND OR WIFE: ERMA DAY

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 H. DAY JR. ADDRESS: 9 South High ST. NEW ALBANY, OHIO

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Apoplexy — 2 wks.
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 334X
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* 22 Dec 1952 *to* 9 Jan 1953, *that I last saw the deceased alive on* 8 Jan 1953, *and that death occurred at* 2 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Cyril A. Rost (Degree or title) M.D.
23b. ADDRESS: Poplar Bluff, Mo.
23c. DATE SIGNED: 9 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-11-53
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. CEMETERY
24d. LOCATION (City, town, or county) (State): Fredericktown Mo.

DATE REC'D BY LOCAL REG.: 1-21-53
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428-0
25. FUNERAL DIRECTOR'S SIGNATURE: Thelps Leuchel ADDRESS: Poplar Bluff Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 23 1953
BUTLER CO. HEALTH CENTER
FILE No. 153-34

JAN 27 1953

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 1-9-53

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Phil A Fenchel

Signed.....
Student Embalmer

Licensed Embalmer No. 2936

P. O. Address Taylor Bluff

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.