U.S. No. 300
Rev. 10-49

MAR 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10446

State File No.

BIRTH NO. — REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 30

0551

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aurora, Mo
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) 811 Madison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aurora, MO. 0551
d. STREET ADDRESS (If rural, give location) 811 Madison

3. NAME OF DECEASED (Type or Print)
a. (First) John b. (Middle) Franklin c. (Last) Day

4. DATE OF DEATH (Month) (Day) (Year) March 13, 1953

5. SEX M.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 14-1876
9. AGE (In years last birthday) 76 — If under 1 year: Months 2, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Pulaski
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Day
13b. MOTHER'S MAIDEN NAME Eliza Cadtom
14. NAME OF HUSBAND OR WIFE Lillie Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 490-28-1054
17. INFORMANT'S SIGNATURE OR NAME J. W. Day ADDRESS Tulsa, Okla.

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: 3 days

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhages in past 3 years.

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* Feb., 1953 *to* March 13, 1953, *that I last saw the deceased alive on* Feb. 13 1953, *and that death occurred at* 10 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE A. P. Griffith (Degree or title) M.D.
23b. ADDRESS Aurora, Mo
23c. DATE SIGNED 3-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/17/53
24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) (State) Tulsa Oklahoma

DATE REC'D BY LOCAL REG. March 16, 1953
REGISTRAR'S SIGNATURE Ora McNatt
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marsh Funeral Home, Aurora, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....

Licensed Embalmer No. 3812

P. O. Address Lynn MD

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.