

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13747

13747

FILED APR 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 38

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

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem	
d. FULL NAME OF HOSPITAL OR INSTITUTION Knox Nursing Home		d. STREET ADDRESS (If rural, give location) Salem Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) Rebecca	b. (Middle) Ann	c. (Last) Kay	4. DATE OF DEATH (Month) (Day) (Year) April 11-53
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 18-1867	9. AGE (In years last birthday) 86	# UNDER 1 YEAR Months	# UNDER 1 HRS Hours	# UNDER 1 MIN Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Reynolds County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME George Barton	13b. MOTHER'S MAIDEN NAME Katherine Reese	14. NAME OF HUSBAND OR WIFE James O. Kay
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.O. Kay, Greeley Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH A 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12-2-45 to 4-9-53, 19, that I last saw the deceased alive on 4-9-53, 19, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE M. Hart, M.D.	(Degree or title) M.D.	23b. ADDRESS Salem, Mo.	23c. DATE SIGNED 4-13-53
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24a. BURIAL, CREMATION, REBURYAL (Specify) Burial	24b. DATE 4-14-53	24c. NAME OF CEMETERY OR CREMATORY Crossvill	24d. LOCATION (City, town, or county) (State) Reynolds Co., Mo.
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DATE REC'D BY LOCAL REG. 4-13-53	REGISTRAR'S SIGNATURE M. M. Hart, M.D. by order of	2. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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**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 Carl D. Spurgeon

Licensed Embalmer No. 9374

P. O. Address Salina, 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.