

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17612

State File No.

FILED MAY 29 1953

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5430 Registrar's No.

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moselle		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moselle	
c. LENGTH OF STAY (In this place) 2 1/2		0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Isaac b. (Middle) U. c. (Last) Bay			4. DATE OF DEATH (Month) (Day) (Year) May 22, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 16, 1868		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR 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		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Samuel Bay		13b. MOTHER'S MAIDEN NAME Sarah Yokum		14. NAME OF HUSBAND OR WIFE Mary Bay	
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 Robert Bay	
				ADDRESS Moselle, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		DUPLICATE			15 yrs.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE			
		DUPLICATE			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiovascular accident</u>			19 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 5/19, 1953, to 5/22, 1953, that I last saw the deceased alive on 5/22, 1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>W. W. ...</i>		23b. ADDRESS <i>...</i>		23c. DATE SIGNED 5/27/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 25, 1953		24c. NAME OF CEMETERY OR CREMATORY Cove Cemetary	
				24d. LOCATION (City, town, or county) (State) Moselle Missouri	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>...</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>...</i>		ADDRESS <i>St. Clair, Mo.</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3360
1

William Casey
 (Licensed Embalmer's Statement on Reverse Side)

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 *H. M. Lesnik* _____

Licensed Embalmer No. 3601 _____

P. O. Address St. Clair, 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.