

No. 300
10-45

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22219**
Registrar's No. **38**

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 4324	
1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. LENGTH OF STAY (in this place) 6 hours	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cainsville		0410 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Lambert Hospital			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Franklin c. (Last) Lay			4. DATE OF DEATH June 1st 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 27 1871	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and State or Foreign Country) Cainsville, Missouri.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME William Lay		13b. MOTHER'S MAIDEN NAME Rebecca Maclefish	14. NAME OF HUSBAND OR WIFE Lillie Lay (Deceased)		
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 Cecille Lay ADDRESS Cainsville, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 1 week
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		4200	
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 June 1, 1953 to June 1, 1953 that I last saw the deceased alive on June 1, 1953 and that death occurred at 3:22 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE [Signature] (Degree or title) M. D.			23b. ADDRESS Princeton, Missouri		23c. DATE SIGNED June 2, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 3 1953	24c. NAME OF CEMETERY OR CREMATORY Zoar Cemetery	24d. LOCATION (City, town, or county) (State) Cainsville, Mo.		
DATE REC'D BY LOCAL REG. 6-12-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Cainsville, Mo		

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

MISSOURI
1931

STATEMENT BY LICENSED EMBALMER

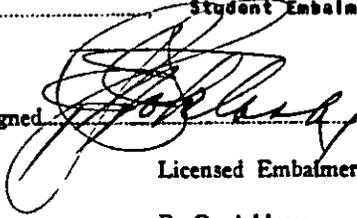
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of/by _____

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri

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.