

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27559

State File No. ....

FILED AUG 3 1953

BIRTH NO. ....		REG. DIST. NO. <u>379</u>		PRIMARY REG. DIST. NO. <u>4553</u> Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Wright</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mansfield</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mansfield</u> <u>1140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marian</u>		b. (Middle) <u>Jessie</u>		c. (Last) <u>Bay</u>	
4. DATE OF DEATH <u>July 16 1953</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>October 6 1873</u>		9. AGE (In years last birthday) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Adolphus Page</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jack Bay</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary occlusion</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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)	
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?	
22. I hereby certify that I attended the deceased from <u>Jan 17, 1953</u> , to <u>June 16, 1953</u> , that I last saw the deceased alive on <u>June 16, 1953</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Walter O. Nussel D.D.</u>		23b. ADDRESS <u>Mansfield, Mo.</u>		23c. DATE SIGNED <u>7-25-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-19-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Mountain View MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max &amp; Miller</u>		ADDRESS <u>Mansfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-25-53</u>		REGISTRAR'S SIGNATURE <u>Harry R. ...</u>		384	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 6 1953

RECEIVED JUL 27 1953  
WRIGHT CO. HEALTH DEPT.  
County File Number 253-101  
Date Filed 7-31-53

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 Max J. Miller

Licensed Embalmer No. 4720

P. O. Address Marquette 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.