

FILED-AUG 31 1953

STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

30174

7782

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winona 1010 /					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1622 Mississippi				d. STREET ADDRESS (If rural, give location) Rural Route					
3. NAME OF DECEASED (Type or Print)		a. (First) Eliza		b. (Middle) Ann		c. (Last) Lay			
4. DATE OF DEATH		(Month) 8		(Day) 4		(Year) 53			
5. SEX female /		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH unknown			
9. AGE (In years, less birthday) 67		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Kentucky /		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Joseph Winchester		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Henderson Lay					
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 ADDRESS Black and Edwards Funeral Home					
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Senility Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
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) 331X		(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 June 19 ⁵⁰ , to Aug 19 ⁵³ , that I last saw the deceased alive on July 30, 19 ⁵³ , and that death occurred at 5 P. m., from the causes and on the date stated above.									
23a. SIGNATURE C. E. Sharp D.O. 2 (Degree or title)				23b. ADDRESS Winona Mo		23c. DATE SIGNED 8/5/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 8-5-53		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Doniphan, Mo.			
DATE REC'D BY LOCAL REG. AUG 10 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.B.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Black and Edwards, Doniphan, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

Spokane, Wash. 10/15/19
J. L. ...

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 *Ronald O. Yalmer*

Licensed Embalmer No. *2912*

P. O. Address *St. Louis*

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.