

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7792**

FILED APR 5 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **350**

1. PLACE OF DEATH  
a. COUNTY **Buchanan**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Buchanan**

b. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN **St. Joseph**

c. CITY OR TOWN **St. Joseph**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**Wells Nursing Home  
701 So. 17th St.**

e. STREET ADDRESS (If rural, give location)  
**3104 Monterey St. 0117**

3. NAME OF DECEASED (Type or Print)  
a. (First) **MARY**

b. (Middle) **ELIZABETH**

c. (Last) **LAY**

4. DATE OF DEATH (Month) (Day) (Year)  
**March 25, 1954**

5. SEX  
**Female**

6. COLOR OR RACE  
**White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Widowed**

8. DATE OF BIRTH  
**Dec. 14, 1869**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.  
**84**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**

10b. KIND OF BUSINESS OR INDUSTRY  
**Own home**

11. BIRTHPLACE (City and State or Foreign Country)  
**Schuyler County, Mo.**

12. CITIZEN OF WHAT COUNTRY?  
**USA**

13a. FATHER'S NAME  
**William Smith**

13b. MOTHER'S MAIDEN NAME  
**Catheryn Figees**

14. NAME OF HUSBAND OR WIFE  
**Price S.**

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  
**Mrs. Fred Dawkins, 3104 Monterey St.**

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) **Hemorrhage of the bowel**  
INTERVAL BETWEEN ONSET AND DEATH  
**8 days**  
ANTECEDENT CAUSES  
DUE TO (b) **Cancer of the Alimentary tract**  
DUE TO (c) **Cancer of the stomach**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
**151X**

20. AUTOPSY?  
YES  NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Mar 17, 1954**, to **Mar 25, 1954** that I last saw the deceased alive on **Mar 24, 1954**, and that death occurred at **5:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
**B B Simmons MD**

23b. ADDRESS  
**St. Joseph, Mo.**

23c. DATE SIGNED  
**3-26-54**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

24b. DATE  
**Mar 27, 1954**

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)  
**Lancaster, Mo.**

DATE REC'D BY LOCAL REG.  
**April 1, 1954**

REGISTRAR'S SIGNATURE  
**Kathryn M. Allison**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Hester Bowman St. Joseph, Mo.**

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

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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.....  
Signature of Student Embalmer

Signed..... Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 S. 10th, H.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.