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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15088

State File No.

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4063 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u>	c. LENGTH OF STAY (In this place) <u>36 Yrs.</u>	c. CITY OR TOWN <u>Hamilton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		No. STREET ADDRESS (If rural, give location) <u>0120</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nitha</u>	b. (Middle) _____	c. (Last) <u>Lay</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 25, 1868</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	Hours _____	Min. _____
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 _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>Samuel Cox</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy M. Railsback</u>	14. NAME OF HUSBAND OR WIFE <u>William Lay</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. James Shall - Hamilton, Mo.</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		<u>5 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u>		<u>2 weeks</u>
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) <u>Hamilton, Caldwell, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4200</u>

22. I hereby certify that I attended the deceased from July, 1953, to May 30, 1954, that I last saw the deceased alive on May 30, 1954, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank R. Daley, M.D.</u>	23b. ADDRESS <u>Hamilton, Missouri</u>	23c. DATE SIGNED <u>May 31, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 31, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lickfork Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Daviess Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 11-54</u>	REGISTRAR'S SIGNATURE <u>Gladys Jones</u> 37-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morris A. Brance Hamilton, Mo.</u>
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(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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 39

P. O. Address.....
Harris

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.