

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33741

State File No.

9470

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> <u>Iron</u> COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellevue</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellevue</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0470</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH
a. (First) <u>ANNIE</u>	b. (Middle) <u>ELIZABETH</u>	c. (Last) <u>BAY</u>	(Month) (Day) (Year) <u>Oct. 17 1954</u>
5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 29 1884</u>
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dent County Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Amos Plymale</u>		13b. MOTHER'S MAIDEN NAME <u>Patsy Sutterfield</u>	14. NAME OF HUSBAND OR WIFE <u>John Bay</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>John Bay, Bellevue 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SEPSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>DECUBITAL CELLULITIS caused by Prolonged Recumbency</u>		<u>6 wks</u>	
DUE TO (c) <u>ARTERIOSCLEROSIS + Thrombotic ENCEPHALOMALACIA</u>		<u>3 mo.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>7/6/54</u> , 19 <u>54</u> , to <u>10/16/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-16</u> , 19 <u>54</u> , and that death occurred at <u>6:05A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>Marvin L. Enloe MD</u>		23b. ADDRESS <u>17 So Jackson Farmington Mo.</u>	
23c. DATE SIGNED <u>10/19/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-19-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greeley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greeley Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 21 - 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs Elizabeth Logan</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>		ADDRESS <u>Ironton Mo.</u>	

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

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.....

Randy White

Licensed Embalmer No. *3212*.....

P. O. Address.....

Greenville

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.