S. No. 300
v. 10.48

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

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41533

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 153

512
0

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg
c. LENGTH OF STAY (In this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warrensburg Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knob Noster 0510
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Rena
b. (Middle): Merle
c. (Last): Lay

4. DATE OF DEATH (Month) (Day) (Year): Dec. 5, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Jan. 31, 1891
9. AGE (In years last birthday): 63 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Deputy County Collector
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Johnson County Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John T. Lay
13b. MOTHER'S MAIDEN NAME: Josephane Bailey
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 500-34-3164
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: L. P. Lay, Knob Noster, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) angina pectoris — 6 mo.
DUE TO (c)

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: 4202
20. AUTOPSY? YES ☐ NO ☒

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) m.:
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* 10 May, 1954, *to* 5 Dec, 1954, *that I last saw the deceased alive on* 10 Mo 54, 19____, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. Reed Mason
23b. ADDRESS: Warrensburg Mo.
23c. DATE SIGNED: 8 Dec 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 7, 1954
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Grove Cemetery
24d. LOCATION (City, town, or county) (State): 7 mi. S. Knob Noster, Mo.

DATE REC'D BY LOCAL REG.: Dec. 8, 1954
REGISTRAR'S SIGNATURE: Savannah Cuthbertson
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. Raymond Baker, Knob Noster, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 13 1954
JOHNSON COUNTY HEALTH DEPT.

DEC 3 1954

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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knob Noster, 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.