

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36507

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5445- Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Bogale)	c. LENGTH OF STAY (in this place) 10 1/2 yrs.	c. CITY OR TOWN Rural - Bogul	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 8280	

3. NAME OF DECEASED a. (First) William b. (Middle) Ellwood c. (Last) Jay			4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 14, 1864	9. AGE (In years last birthday) 91 yrs.	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) Bloomfield, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME William Jay	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND/OR WIFE Minnie Jane Jay
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 Austin Jay ADDRESS Grant City, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X		

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)
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 **Oct 15, 1955**, to **Nov 1, 1955**, that I last saw the deceased alive on **Nov 1, 1955**, and that death occurred at **5 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles N Williamson DO	23b. ADDRESS Gentry Mo	23c. DATE SIGNED Nov 2-55
---	-------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-4-1955	24c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery	24d. LOCATION (City, town, or county) (State) Grant City, Missouri
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. Nov 14-1955	REGISTRAR'S SIGNATURE Maudie Williams	25. FUNERAL DIRECTOR'S SIGNATURE Bill Dimpfe ADDRESS Grant City, Mo
---	--	---

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

5350

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 *Bill A. Denny*

Licensed Embalmer No. *49*

P. O. Address *Grant City*

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.