

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

158

State File No.

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Linton 00</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Lorance Twp.</u>		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input 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) <u>0090</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>August</u>		c. (Last) <u>Day</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 14 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>Jan 10 - 1881</u>	
9. AGE (in years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Marcel Day</u>		13b. MOTHER'S MAIDEN NAME <u>Litha Jay Eaker</u>		14. NAME OF HUSBAND OR WIFE <u>Nana M. Day</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>490-24-9812</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Billy J. Day</u>		ADDRESS <u>Salma, 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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & Atherosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7/3</u> , 19 <u>52</u> , to <u>1/14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/17</u> , 19 <u>56</u> , and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.							
23. SIGNATURE (Inscribed or title) <u>John J. Myers</u>		23b. ADDRESS <u>Linton Mo</u>		23c. DATE SIGNED <u>1/16/56</u>			
24a. BURIAL, CREMATION, REMOVAL <u>1-17-1956</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Slaybaugh</u>		24d. LOCATION (City, town, or county) (State) <u>Linton Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-16-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Babe Turner</u>		ADDRESS <u>Linton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4010

P. O. Address Lubout

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.