

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14052

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Eldon</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Eldon</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 <u>834 E. North</u>				• STREET ADDRESS (If rural, give location) <u>834 E. North</u> <u>066/0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>ALICE</u>		c. (Last) <u>KAYS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 10, 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 16, 1872</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HRS. Hours		IF UNDER 15 MINS. Mins.	
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>Morgan Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Michael McDonald</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Holst</u>		14. NAME OF HUSBAND OR WIFE <u>John Kays</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. R. Kays Sullivan, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary disease.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) m.		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>Apr 7, 1956</u> to <u>Apr 10, 1956</u> , that I last saw the deceased alive on <u>Apr 7, 1956</u> , and that death occurred at <u>5:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. Osberton M.D.</u>				23b. ADDRESS <u>Eldon Mo</u>		23c. DATE SIGNED <u>Apr 12</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 13-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Patricks</u>		24d. LOCATION (City, town, or county) (State) <u>Gravois Mills, Mo.</u>	
DATE REC'D BY LOCAL REG <u>Apr. 13, 56</u>		REGISTRAR'S SIGNATURE <u>Edw. Derritta W. Phillips</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edw. Derritta W. Phillips</u>		ADDRESS <u>Eldon</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 17 REC'D

MILLER COUNTY HEALTH
DEPARTMENT

APR 30 1950

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 Louis D. Phillips, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No.....3662

P. O. Address Eldon

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.