

No. 300  
10-48

FILED JUN 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19398

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi</u>		c. CITY OR TOWN <u>Potosi</u>	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>112 Oak St.</u>		e. STREET ADDRESS (If rural, give location) <u>112 Oak St. 1100</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edward</u>	b. (Middle) <u>Daniel</u>	c. (Last) <u>Bay</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 13 1898</u>	9. AGE (In years last birthday) <u>58</u>	MONTHS <u>3</u>	YEAR <u>18</u>	IF UNDER 18 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during the most of working life, even if retired) <u>Store Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>mining</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Went Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.C.</u>
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13a. FATHER'S NAME <u>Joseph Bay</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Blake</u>	14. NAME OF HUSBAND OR WIFE <u>Rosa Bay</u>
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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>Rosa Bay</u>	ADDRESS <u>Potosi Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis Circle Willis base brain completely</u> DUE TO (b) <u>Paralysis both sides</u> DUE TO (c) <u>followed by Bronchopneumonia both sides</u> lungs		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Potosi Mo. Washington</u>
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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?
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22. I hereby certify that I attended the deceased from 6/1 1956 to 5/31 1956 that I last saw the deceased alive on 5/31 1956 and that death occurred at 10:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. H. H.</u> (Degree or title)	23b. ADDRESS <u>Potosi Mo.</u>	23c. DATE SIGNED <u>6/5/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-3-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bone Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Went Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/5/56</u>	REGISTRAR'S SIGNATURE <u>H. H. H. H.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks</u>	ADDRESS <u>Potosi Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 5

WASH. COUNTY HEALTH DEPT.

File No. \_\_\_\_\_

956 61 NHP

JUN 7 1958

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 *Thirghy L. Sparlin*

Licensed Embalmer No. *423*

P. O. Address *1100 1/2 Ave*

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.