No. 300
10.48

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

FILED JUL 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19898

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5248 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Wayland Twp.
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Prairie Hill, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Wayland Twp.
d. STREET ADDRESS (If rural, give location): Prairie Hill, Missouri

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

4. DATE OF DEATH (Month) (Day) (Year): 7 /11/56

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 7/23/1862
9. AGE (In years last birthday): 93 — 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): farming
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U S A
13a. FATHER'S NAME: Don't know
13b. MOTHER'S MAIDEN NAME: don't know
14. NAME OF HUSBAND OR WIFE: Lena Mcdonald
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Bertha Wright — ADDRESS: Prainie Hil

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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) Uremic poisoning — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Interstitial nephritis — months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Myocarditis Chronic — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 594X
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* June 1, 1956, *to* July 10, 1956, *that I last saw the deceased alive on* July 9, 1956, *and that death occurred at* 7:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Eichhorn M.D.
23b. ADDRESS: 119 W. 2nd Salisbury Mo.
23c. DATE SIGNED: 7-12-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/12/56
24c. NAME OF CEMETERY OR CREMATORY: Higginsville
24d. LOCATION (City, town, or county) (State): Higginsville Mo

DATE REC'D BY LOCAL REG.: 7-12-56
REGISTRAR'S SIGNATURE: Clyde A. Bridges
25. FUNERAL DIRECTOR'S SIGNATURE: Fred C. Thompson — ADDRESS: Madison, Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 26 1955

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 Max Fred G. Kempfer

Licensed Embalmer No. 3282

P. O. Address Madison, Wis

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.