

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30487

State File No. ....

BIRTH NO. **FILED SEP 24 1956** REG. DIST. NO. **135** PRIMARY REG. DIST. NO. **4209** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN <b>Mt. Moriah</b>	c. LENGTH OF STAY (in this place) <b>All life</b>	c. CITY OR TOWN <b>Mt. Moriah</b>	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		e. STREET ADDRESS (If rural, give location) <b>0410</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ora</b> b. (Middle) <b>Melton</b> c. (Last) <b>Gay</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>September 19 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 9 1880</b>	9. AGE (in years last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mercer County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Henry Gay</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Adkins</b>	14. NAME OF HUSBAND/OR WIFE <b>Evelyn May Gay</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Evelyn May Gay</b> ADDRESS <b>Mt. Moriah, Mo.</b>

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 <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arterio-Sclerosis 5 years</b> DUE TO (c) <b>-</b>		
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) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Sept 16 1956** to **Sept 19 1956** that I last saw the deceased alive on **Sept 15 1956** and that death occurred at **1:15** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Mella Dellworth M.D.</b>	23b. ADDRESS <b>Cainsville, Mo.</b>	23c. DATE SIGNED <b>9-19-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 20 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lloyd Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>RFD Ridgeway, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-21-56</b>	REGISTRAR'S SIGNATURE <b>L. H. Brewster</b>	25. ADDRESS OF DIRECTOR'S SIGNATURE <b>Cainsville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

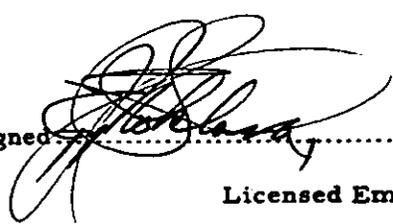
116

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, *dy by* Eddie J. Stoklasa....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....



Licensed Embalmer No...3602.....

P. O. Address...Cainsville, Mo.....

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.