

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1956

State File No. 37588

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5431 Registrar's No. 589

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Prarie		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 SE of St. Clair		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 2514 St. Louis Avenue		2209	

3. NAME OF DECEASED (Type or Print) a. (First) Guido	b. (Middle) Fleetwood	c. (Last) Kays	4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 3, 1897	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & die maker	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Versailles, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph J. Kays	13b. MOTHER'S MAIDEN NAME Nannie Cotten	14. NAME OF HUSBAND OR WIFE Helen (deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 489-09-7018	17. INFORMANT'S SIGNATURE OR NAME Sheriff Franklin County	ADDRESS _____
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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, assthenia, 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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) _____		
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) Natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Highway 47	21c. CITY, TOWN, OR TOWNSHIP St. Clair Prairie	COUNTY Franklin	(STATE) Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 23 1956 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Died while coon hunting
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased live on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ernest L. Ottmann	(Degree or title) Coroner	23b. ADDRESS Herald, Missouri	23c. DATE SIGNED Nov. 23 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-25-56	24c. NAME OF CEMETERY OR CREMATORY Versailles, Mo.	24d. LOCATION (City, town, or county) (State) Versailles, Mo.
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DATE REC'D BY LOCAL REG. 11-25-56	REGISTRAR'S SIGNATURE Alfred Williams	25. FUNERAL DIRECTOR'S SIGNATURE Casey-Lenox	ADDRESS St. Clair, Mo.
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REC 5
1957

MAR 11 1957
AUG 28 1957

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 *H. M. Levitt*

Licensed Embalmer No.....

P. O. Address *St. Clair, Mich.*

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.