No. 300
10.48

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

FILED JAN 23 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 1718

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5591 Registrar's No. 3

**1. PLACE OF DEATH**
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twnsp Central Hillsboro
c. LENGTH OF STAY (in this place): 3 Mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Castle Acres Nursing Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jefferson
c. CITY OR TOWN: Herculaneum
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Dale St

**3. NAME OF DECEASED** (Type or Print)
a. (First): David
b. (Middle): Ezra
c. (Last): Bay

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 12, 1957

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Oct. 17, 1877
**9. AGE** (In years last birthday): 79 — 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): Lead Worker
**10b. KIND OF BUSINESS OR INDUSTRY**: Lead Smeltering
**11. BIRTHPLACE** (City and State or Foreign Country): Gila Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Alfred Bay
**13b. MOTHER'S MAIDEN NAME**: Anis (Maiden Name Unknown)
**14. NAME OF HUSBAND OR WIFE**: Josephine Priest

**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.**: —
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Edward B. Bay, Herculaneum, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

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

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Gen. arteria-sclerosis — years

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 332X
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): no
**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 25, 1956, *to* Jan 12, 1957, *that I last saw the deceased alive on* Jan 12, 1957, *and that death occurred at* 5:35 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Marl V. McMurtry M.D.
**23b. ADDRESS**: Festus Mo.
**23c. DATE SIGNED**: Jan 14 57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Jan. 16, 1957
**24c. NAME OF CEMETERY OR CREMATORY**: Herculaneum City
**24d. LOCATION** (City, town, or county) (State): Herculaneum, Mo.

DATE REC'D BY LOCAL REG.: 1-15-57
REGISTRAR'S SIGNATURE: Carl E. Bailey M.D. Oleta Burchem Dep
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Vineyard Funeral Home Inc. Festus Mo.

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 21 1957

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 497

P. O. Address Festus, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.