

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14344

FILED MAY 6 - 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY OR TOWN St. Charles	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: 547 Clay St.		e. STREET ADDRESS (If rural, give location) 547 Clay St. 0923	

3. NAME OF DECEASED (Type or Print) KENT	a. (First) KENT	b. (Middle) VAIL	c. (Last) GAY	4. DATE OF DEATH (Month) (Day) (Year) April 29, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 15, 1881	9. AGE (In years last birthday) 75 IF UNDER 1 YEAR: Months _____ Days _____ IF CHIDEN 14 HRS. or less: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S. A.

13a. FATHER'S NAME William Gay	13b. MOTHER'S MAIDEN NAME Alice Vail	14. NAME OF HUSBAND OR WIFE Solome Wagenfehr Gay
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494 24 6117	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Kent Gay, St. Charles, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Arteriosclerotic Cardiovascular disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart Disease		years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7 ¹⁹⁵⁷ to 4-29, 1957, that I last saw the deceased alive on 4-20, 1957, and that death occurred at 5:17 m., from the causes and on the date stated above.

23a. SIGNATURE Ed. Souers	(Degree or title) MD	23b. ADDRESS 1144 N. Main St. Charles, Mo.	23c. DATE SIGNED 4-20-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 30, 1957	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.	24d. LOCATION (City, town, or county) (State) St. Charles, Mo.

DATE REC'D BY LOCAL REG. April 30 1957	REGISTRAR'S SIGNATURE Hazel Sawyer Dep	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur C. Bane, St. Charles, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

540

MAY 6

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 *Lawrence M. Bello*.....

Licensed Embalmer No. *4375*

P. O. Address *S. Charles*

**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.**