Health, Welfare Public Service

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1-57

FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

pl 5-1973

20470
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 206

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Jefferson City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 714 Washington — Length of stay in 1b: 14yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 714 Washington — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Mary — Middle: — Last: Day

4. DATE OF DEATH: Month: June — Day: 14 — Year: 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [X]

8. DATE OF BIRTH: Nov-14-1873

9. AGE (In years last birthday): 73 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Cooper Hill, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John J. Day

13b. MOTHER'S MAIDEN NAME: Emma Baker Day

14. NAME OF HUSBAND OR WIFE: Wm. L. DuVall

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: Ollie Day, Address: Jefferson City, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): uremia — INTERVAL BETWEEN ONSET AND DEATH: 2-23-57
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Cardio-Vascular disease — 10
DUE TO (c): Generalized arteriosclerosis — 6-14-57
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Abdominal aortic Aneurysm · 443X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-23-57 to 6-14-57 and last saw her/him alive on 6-13-57
Death occurred at 8 20 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John W. McHaney (Degree or title): MD

22b. ADDRESS: Jefferson City, Mo.

22c. DATE SIGNED: 6/14/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6/16/57

23c. NAME OF CEMETERY OR CREMATORY: Chamois Cemetery

23d. LOCATION (City, town, or county) (State): Chamois, Missouri

24. FUNERAL DIRECTOR: Thorpe J Gordon, ADDRESS: Jeff City, Mo.

25. DATE RECD. BY LOCAL REG.: 15 June 1957

26. REGISTRAR'S SIGNATURE: R. P. Harris, MD-MR

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.