FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

919

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 75A

1. PLACE OF DEATH a. COUNTY Greene
b. CITY OR TOWN Springfield, Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Burge Hospital Length of stay in Ib 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Richland, Mo. Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) None. Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Arthur. Middle Theodore. Last Gay.
4. DATE OF DEATH Month Jan Day 20, Year 1958
5. SEX Male
6. COLOR OR RACE White.
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Oct. 14, 1875
9. AGE (In years last birthday) 82 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) Salesman -retired.
10b. KIND OF BUSINESS OR INDUSTRY --------
11. BIRTHPLACE (City and state or country) State of Illinois.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME David Gay.
13b. MOTHER'S MAIDEN NAME Unknown. Gollogher.
14. NAME OF HUSBAND OR WIFE Mary B. Gay.
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. Unknown.
17. INFORMANT Mary B. Gay Address Richland, 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) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Severe, Coronary artery Sclerosis — unknown
DUE TO (c) Bronchopneumonia 4201 — 5 Days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Urinary Retention, B.P.H. & Azotemia.
19. WAS AUTOPSY PERFORMED? YES [X] 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 1-15-58, to 1-20-58 and last saw her/him alive on 1-20-58
Death occurred at 11:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edwin M. Powell MD
22b. ADDRESS Springfield, Missouri
22c. DATE SIGNED 1-24-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/22/58
23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery.
23d. LOCATION (City, town, or county) (State) Richland, Missouri

24. FUNERAL DIRECTOR Hedges Funeral Home ADDRESS Richland, Mo
25. DATE RECD. BY LOCAL REG. 1-24-58
26. REGISTRAR'S SIGNATURE Effie B. Mellon

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 29 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Glen D. Williams

Licensed Embalmer No. 4655

P. O. Address Springfield

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