

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **58-013717**
Registrar's No. **35**

FILED APR 21 1958

BIRTH NO. _____ REG. DIST. NO. **100** PRIMARY REG. DIST. NO. **3018**

0331

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

1. PLACE OF DEATH a. COUNTY Dent County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) Salem, Missouri		c. LENGTH OF STAY (in this place) 2 Wks.	c. CITY OR TOWN Eminence 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 Knox Nursing Home		e. STREET ADDRESS (If rural, give location) Eminence, Missouri	

3. NAME OF DECEASED (Type or Print) Louis	a. (First)	b. (Middle)	c. (Last) Lay	4. DATE OF DEATH (Month) (Day) (Year) 4- 11- 58
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 9	8. DATE OF BIRTH May 19, 1892	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 65
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY general	11. BIRTHPLACE (City and State or Foreign Country) unknown	12. CITIZEN OF WHAT COUNTRY? -
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13a. FATHER'S NAME UnKnown	13b. MOTHER'S MAIDEN NAME UnKnown	14. NAME OF HUSBAND OR WIFE unknown
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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. x	17. INFORMANT'S SIGNATURE OR NAME Knox Nursing Home Salem Mo	ADDRESS 4201
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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, asphyxia, 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) CARDIO-VASCULAR DISEASE		UNKNOWN
	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) CARDIAC DECOMPENSATION.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS.			

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
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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?
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22. I hereby certify that I attended the deceased from **April 9, 1958**, to **April 11, 1958**, that I last saw the deceased alive on **April 11, 1958**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Inscribed or title) Joseph R. Burnett D.O.	23b. ADDRESS Potosi Missouri	23c. DATE SIGNED 4/14/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE April 13-58	24c. NAME OF CEMETERY OR CREMATORY Eminence Cem	24d. LOCATION (City, town, or county) (State) Eminence Mo
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DATE REC'D BY LOCAL REG. 4/13/58	REGISTRAR'S SIGNATURE M. M. Slack, M.D.	5. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Spence	ADDRESS Potosi Mo
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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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 2374

P. O. Address Palm Beach

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.