

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014750
State File No.

FILED APR 25 1958

BIRTH NO. _____ REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 05596 Registrar's No. 24

500

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

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a.—STATE <u>Mo.</u> b. COUNTY <u>JEFF. 0500</u>	
b. CITY (If outside corporate limits, write RURAL and give name) OR TOWN <u>DeSoto RURAL (VALE)</u>		c. LENGTH OF STAY (in this place) <u>27 YR.</u>	
c. CITY OR TOWN <u>DeSoto RT#1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 MI. E. OF VALLE MINES</u>		e. STREET ADDRESS (If rural, give location) <u>1 MI. E OF VALLE MINES</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>RAYMOND</u> c. (Last) <u>JAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 3 1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JUNE 5 1891</u>
9. AGE (In years last birthday) <u>66</u>		10. KIND OF BUSINESS OR INDUSTRY <u>RET. SERVICE STATION</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. SERVICE STATION</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO.</u>	
13a. FATHER'S NAME <u>WM JAY</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE DALTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>IVONE</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chronic Myocarditis</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FLORENCE E. JAY DeSoto RT#1</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>approx 10 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) <u>4222</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>March 1957</u> to <u>April 3, 1958</u> that I last saw the deceased alive on <u>April 3, 1958</u> and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>A. E. Pierce D.O.</u>		23b. ADDRESS <u>DeSoto Mo</u>	
23c. DATE SIGNED <u>4-4-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>APR 5 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>	
24d. LOCATION (City, town, or county) (State) <u>DeSoto Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W B Ditch DeSoto Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-4-58</u>		REGISTRAR'S SIGNATURE <u>Marie Harris</u>	

6961 6 331
FEB 1958

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 8 1958

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. 4104

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.