

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031512

STATE FILE NUMBER

FILED AUG 20 1958

Registration District No. 356 Primary Registration District No. 6207 Registrar's No. 35

1-57

| | | | |
|--|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Leas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u> Phelps</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lynchburg</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>Duke</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in fo <u>16 days</u> | d. STREET ADDRESS (If outside, give location) <u>7, West of Duke</u> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Caisey Jane Bray</u> | | | 4. DATE OF DEATH Month Day Year <u>Aug 3, 1958</u> |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 10, 1871</u> |
| 9. AGE (In years) <u>87</u> | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Not known</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13. FATHER'S NAME <u>John Hayes</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Mary Clark</u> | | 14. NAME OF HUSBAND OR WIFE <u>✓</u> | |
| 15. HAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT <u>Floy Mooney</u> | | Address <u>Licking Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac + pulmonary arrest</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. - DUE TO (b) <u>cachexia + debilitation</u> <u>442XF</u> | | | |
| DUE TO (c) <u>Cardiovascular renal disease</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>fracture of hip due to accidental fall in back yard.</u> | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> | | 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 <u>1956</u> to <u>Aug 3, 1958</u> and last saw her alive on <u>Aug 3, 1958</u> Death occurred at <u>7:15</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>B. J. Myers D.O.</u> | | 22b. ADDRESS <u>Licking, Mo</u> | |
| 22c. DATE SIGNED <u>8-12-58</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>8-5-58</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Watts Cem.</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u> | |
| 24. FUNERAL DIRECTOR <u>Amata Ferguson</u> | | 25. DATE RECD. BY LOCAL REG. <u>Aug. 15, 58</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mirtie Craig</u> | | | |

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.