

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010631
STATE FILE NUMBER

FILED APR 1 1959 Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) Flat River		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Desloge Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cunningham Nurs. Hm. 2 Yrs.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 101 Grant St
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Perry Middle Wilson Last Kay			4. DATE OF DEATH Month March Day 22 Year 1959			
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 6th. 1875	9. AGE (In years less birthday) 84	10. FUNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. Hours	13. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Businessman	10b. KIND OF BUSINESS OR INDUSTRY Blacksmith	11. BIRTHPLACE (City and state or country) Argos, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Miles Kay	13b. MOTHER'S MAIDEN NAME Weltha Crane	14. NAME OF HUSBAND OR WIFE Clara Hart (Dec)
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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. 498 18 5359-	17. INFORMANT Harry Kay Farmington, Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) Arterial Sclerosis		
DUE TO (c) Senility		Several yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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
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21. I attended the deceased from Death occurred at 10-1-58 to 3-22-59 and last saw him alive on March 20 59 8:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. W. Zupan D^o (Degree or title)	22b. ADDRESS Flat River Mo	22c. DATE SIGNED 3/23/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/25/1959	23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery	23d. LOCATION (City, town, or county) St. Francois Co. Missouri
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24. FUNERAL DIRECTOR C. Z. Boyer & Son	ADDRESS Desloge, Mo.	25. DATE RECD. BY LOCAL REG. Mar. 25, 1959	26. REGISTRAR'S SIGNATURE Ether Rudloff
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(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.

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APR 1 1959

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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 *B. T. Boyer*

Licensed Embalmer No. *3660*

P. O. Address *Desloger, Mo*

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.