

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018054

STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 245

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Hosp.		Length of stay in lb 15 yrs.	d. STREET ADDRESS 209 W. Mill (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MR. INSLEY Middle LEYANTIS Last DAYHOFF			4. DATE OF DEATH Month May Day 24 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 17, 1867	9. AGE (In years last birthday) 91	10. UNDER 1 YEAR Months 0 Days 0	11. UNDER 24 HRS Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Standard Oil Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Howesville, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George W. Dayhoff	13b. MOTHER'S MAIDEN NAME Amanda Johnston	14. NAME OF HUSBAND OR WIFE Mrs. Almira M. Dayhoff
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Almira Dayhoff, Indep., Mo.	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) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Thrombosis	Not known
	DUE TO (c) Cardiac Decompensation Slight	1 week
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchitis 1 week duration		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 1 a.m. 0 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 Independence, Mo.	COUNTY Jackson	STATE Mo.
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21. I attended the deceased from May 17, 1959 , to May 24, 1959 and last saw ^{the} him ^{her} alive on May 24, 1959 Death occurred at approx. 1 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Chas. Ruckelshaus, MD (Degree or title)	22b. ADDRESS Independence, Mo.	22c. DATE SIGNED 5-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 26, 1959	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Memory Gardens,	23d. LOCATION (City, town, or county) East of Indep., Mo.	(State)
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24. FUNERAL DIRECTOR OTT & MITCHELL, Indep., Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-26-59	26. REGISTRAR'S SIGNATURE James [Signature]
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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. 3156
P. O. Address Indep. 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.