

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024022

FILED VS AUG 14 1959

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 157

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		Length of stay in lb <u>4 weeks</u>		c. CITY OR TOWN <u>Farber</u>		Inside Limits Yes ☐ No ☒			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain County Hosp</u>			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>Farm 1 mile out</u>			Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Dorothy</u> Middle <u>Elizabeth</u> Last <u>Bay</u>				4. DATE OF DEATH Month <u>August</u> Day <u>4th</u> Year <u>1959</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>5-20-13</u>		9. AGE (last birthday) <u>46</u>	
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>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Wagner</u>			13b. MOTHER'S MAIDEN NAME <u>Esther Doty</u>			14. NAME OF HUSBAND OR WIFE <u>Leroy A. Bay</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(If yes, give war or dates of service)</u>			16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Leroy A. Bay</u> Address <u>Farber, 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>Adrenal insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypoglycemia</u> DUE TO (c) <u>—</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 year</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown			
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u> Month, Day, Year <u>Oct 1959</u>		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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>Oct 1959</u> to <u>Aug 4, 1959</u> and last saw her alive on <u>Aug 4, 1959</u> Death occurred at <u>11:50 A</u> m on the date stated above, and to the best of my knowledge from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Bonnie J. Sells M.D.</u>				22b. ADDRESS <u>112 N. Clark Grecco, Mo.</u>				22c. DATE SIGNED <u>8/6/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-6-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Clair Cemetary</u>		23d. LOCATION (City, town, or county) (State) <u>St. Clair Franklin Co. Mo.</u>			
24. FUNERAL DIRECTOR <u>William B Waters Vandavia Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Aug 6-1959</u>		26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William P. Water

Licensed Embalmer No. 4169

P. O. Address Vandalia

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.