

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038917

FILED VS NOV 16 1959

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 545

UNDECEASED

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 2 days	c. CITY OR TOWN Springfield 2 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Ellis Fischel State INSTITUTION Cancer Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1317 East Blaine Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First George Middle Walter Last Hay			4. DATE OF DEATH Month November Day 8 Year 1959			
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 6-4-81	9. AGE (last birthday) 78		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ex-farrier		10b. KIND OF BUSINESS OR INDUSTRY Blacksmith	11. BIRTHPLACE (City and state or country) Ashflat, Arkansas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James P. Hay		13b. MOTHER'S MAIDEN NAME Sarah Huffman		14. NAME OF HUSBAND OR WIFE Sudie Jane Hay		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. 494-18-0030	17. INFORMANT State Files Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiac failure			6 hrs
DUE TO (b) Arteriosclerotic heart disease			15 yrs
DUE TO (c) Carcinoma of stomach post gastrectomy			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
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

21. I attended the deceased from **Nov. 6, 1959** to **Nov. 8, 1959** and last saw her/him alive on **Nov. 8, 1959**
 Death occurred at **7:15 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Andrew McCann, M.D. (Degree or title)	22b. ADDRESS Ellis Fischel Hospital	22c. DATE SIGNED 9 Nov 59 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 9, 1959	23c. NAME OF CEMETERY OR CREMATORY Springfield
23d. LOCATION (City, town, or county)	25. DATE RECD. BY LOCAL REG. Nov. 9 1959	

24. FUNERAL DIRECTOR Jewell Windle Springfield, Mo. ADDRESS	26. REGISTRAR'S SIGNATURE Mrs R E Palmer
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(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 me
or by Jewell E. Winalle, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jewell E. Winalle

Licensed Embalmer No. 4737

P. O. Address 630 St. Louis
Springfield,

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.