

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011945

FILED VS APR 4 1960 251

Registration District No. _____ Primary Registration District No. ~~7013~~ 4370 Registrar's No. 78

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri; b. COUNTY Nodaway									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clearmont		Length of stay in 1b 3 months		c. CITY OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallin Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First OSCAR Middle P. Last KAY				4. DATE OF DEATH Month 3 Day 31 Year 60									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/25/77		9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant - Retired				10b. KIND OF BUSINESS OR INDUSTRY Used furniture		11. BIRTHPLACE (City and state or country) Campbell Co., Va.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME John Cay				13b. MOTHER'S MAIDEN NAME Olie Snead				14. NAME OF HUSBAND OR WIFE May Kay, deceased					
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. 499-36-5979		17. INFORMANT W. P. Kay, Maryville, Missouri Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic myocarditis</i> DUE TO (b) <i>arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <i>Pernicious Anemia</i>										INTERVAL BETWEEN ONSET AND DEATH			
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 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 <u>1954</u> to <u>5/31/60</u> and last saw ^{her} him alive on <u>July 29, 1959</u> . Death occurred at <u>1:20</u> A. M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE (Degree or title) <i>R. E. Dunshie</i> M. D.						22b. ADDRESS Maryville, Missouri			22c. DATE SIGNED <i>April 1, 1960</i> (State)				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4/2/60		23c. NAME OF CEMETERY OR CREMATORY Miriam			23d. LOCATION (City, town, or county) Maryville, Missouri						
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 4-1-60		26. REGISTRAR'S SIGNATURE <i>Bess Holt</i>					

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 Elmer M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville

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.