

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019669

STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 25

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 28 1962

1. PLACE OF DEATH
 a. COUNTY Morgan
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Osage Length of stay in 1b 17 yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HRD 5-24 N. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Morgan
 c. CITY OR TOWN Gravois Mills Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) HRD 5-24 N Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Claude William Jay May 21 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Feb. 9 1900 9. AGE (last birthday) 62
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & decorator 10b. KIND OF BUSINESS OR INDUSTRY Decorating 11. BIRTHPLACE (City and state or country) Eureka Kansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Jay 13b. MOTHER'S MAIDEN NAME Maude Humphrey 14. NAME OF HUSBAND OR WIFE Fay Jay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NI 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Fay Jay Gravois Mills, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) ACUTE CORONARY OCCLUSION INTERVAL BETWEEN ONSET AND DEATH 5 HRS
 DUE TO (b) UNKNOWN
 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) TACHYCARDIA 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 Month, Day, Year a.m. p.m. _____

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 1952 to 1962 and last saw ^{her}him alive on May 21, 1962
 Death occurred at 10⁰⁰ P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. L. Washburn M.D. 22b. ADDRESS Versailles Mo 22c. DATE SIGNED 5/25/62 (State)

23a. BURIAL CREMATION, REMOVAL (Specify) Burial 23b. DATE MAY 25, 1962 23c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery 23d. LOCATION (City, town, or county) Versailles Mo.

24. FUNERAL DIRECTOR ADDRESS SE RIVER ST. ST. JOHNSON VERSAILLES, MO. 25. DATE RECD. BY LOCAL REG. 5/25/62 26. REGISTRAR'S SIGNATURE J. L. Washburn

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAY 29 1962

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 James R. Spurni

Licensed Embalmer No. 4880

P. O. Address Wenatch, 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.