

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029279

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 47

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 23 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Moniteau</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>California</u>	a. STATE <u>Mo</u>	b. COUNTY <u>Moniteau</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Barria Rest Home</u>		c. CITY OR TOWN <u>Jamestown</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Theodocia</u>	Middle <u>Ernest</u>	Last <u>Kay</u>	Month <u>July</u>	Day <u>20</u>	Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-22-1875</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>28</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>Jamestown Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Isiah Vivian Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Hall</u>	14. NAME OF HUSBAND OR WIFE <u>Jasper Richard Kay</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)		17. INFORMANT <u>Walker Johnson</u> Address <u>California Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		<u>30 min.</u>
IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>	DUE TO (b)	
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) <u>Broken neck of femur, rt., on July 9, 1963</u>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from April 16, 1963 to July 20, 1963 and last saw her alive on July 13, 1963
Death occurred at 7:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Billy S. Grayton, M.D.</u>	(Degree or title)	22b. ADDRESS <u>California, Mo.</u>	22c. DATE SIGNED <u>7-20-63</u>
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23b. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>7-22-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union</u>	23d. LOCATION (City, town, or county) (State) <u>Jamestown Mo.</u>
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24. FUNERAL DIRECTOR <u>A. E. Wilson</u>	ADDRESS <u>California Ma</u>	25. DATE RECD. BY LOCAL REG <u>7-22-63</u>	26. REGISTRAR'S SIGNATURE <u>Helen Papey</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300 Rev. 4/59	1 0681	2 0690	3	4 1	5 2	6	7 0	8 2	9 4201E	10	11	12 86 D	13 1-0
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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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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.