

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1.20

State File No.

2375

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6074</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. FRANCOIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEADWOOD</u>		c. LENGTH OF STAY (In this place) <u>35</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEADWOOD</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEADWOOD, MO</u>				3. NAME OF DECEASED a. (First) <u>LE ROY</u> b. (Middle) <u>BENNETT</u> c. (Last) <u>BAY</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 10 1949</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JUNE 23, 1882</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST. JOSEPH LEAD CO.</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ALFRED BAY</u>		13b. MOTHER'S MAIDEN NAME <u>ANNIS RICH</u>		14. NAME OF HUSBAND OR WIFE <u>ESTELLE BAY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-03-2350</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ESTELLE BAY</u> ADDRESS <u>LEADWOOD, MISSOURI</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-vascular renal disease</u> DUE TO (c) <u>now</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>now</u>				INTERVAL BETWEEN ONSET AND DEATH: <u>20 min</u> <u>3 years</u>	
19a. DATE OF OPERATION <u>now</u>		19b. MAJOR FINDINGS OF OPERATION <u>now</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Leadwood St. Francois MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>now</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>now</u>					
22. I hereby certify that I attended the deceased from <u>July 3, 1948</u> to <u>Jan 10, 1949</u> , that I last saw the deceased alive on <u>Jan 10, 1949</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John W. Hunt, M.D.</u>				23b. ADDRESS <u>Leadwood Mo.</u>		23c. DATE SIGNED <u>1/10/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/15/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leadwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leadwood MO</u>	
DATE REC'D BY LOCAL REG. <u>1-13-1949</u>		REGISTRAR'S SIGNATURE <u>Ether Kudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bert L. Boyer</u>		ADDRESS <u>Leadwood Mo.</u>	

RECEIVED

Officer No. 4

149-105

1-17-49

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

William E. Boyer

Student Embalmer No. 229

working under my personal supervision.

Student *William E. Boyer*
Student Embalmer

Signed *Bert L. Boyer*

Licensed Embalmer No. 3445

P. O. Address *Leadwood, 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 this body is not embalmed, fact should be so stated above.