

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

19500

State File No. ....

FILED JUN 25 1949

2499

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>North Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>10 Days</b>		d. STREET ADDRESS (If rural, give location) <b>1015 Swift</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital</b>			
3. NAME OF DECEASED a. (First) <b>William Oscar</b> b. (Middle) <b>Day</b> c. (Last) <b>Day</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6-8-1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>8-26-1933</b>
9. AGE (In years last birthday) <b>15</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bottler - Royal Crown Cola Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Oscar L. Day</b>		13b. MOTHER'S MAIDEN NAME <b>Hazel Helton</b>	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>484-32-2378</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Oscar L. Day, Winterset, Iowa</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Traumatic head injury</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Basilar skull fracture</b> DUE TO (b) _____ DUE TO (c) <b>auto + pedestrian</b> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <b>Terminal bronch pneumonia</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>on Highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Clay, Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 30th. 1949 - 2/30</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>On U.S. 71 - Struck by car</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)		23b. ADDRESS <b>1534 Paulto Bldg.</b>	23c. DATE SIGNED <b>6-9-49</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-9-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Easley Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mercer, Missouri</b>
DATE REC'D BY LOCAL REG. <b>6-9-49</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs. C.L. Forster, Kansas City, Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Lou Clark*

Licensed Embalmer No. \_\_\_\_\_

*4716*

P. O. Address \_\_\_\_\_

*K. C. 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.