

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36089

3061

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

BIRTH NO.		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. 77	
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton			
b. CITY: (If outside corporate limits, write RURAL and give township) Lamar		c. LENGTH OF STAY (In this place) 12 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Lamar		8061	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location) 400 E. 6th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Hallie			b. (Middle) E.		c. (Last) Day		4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1950
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 14, 1869		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Pettis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME William Taylor			13b. MOTHER'S MAIDEN NAME Mary James		14. NAME OF HUSBAND OR WIFE H. Clay Day		
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. H. Clay Day, Lamar, Mo.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 10 wk out 4201
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) LAMAR Barton Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 15, 1950, to Nov 7, 1950, that I last saw the deceased alive on Sept 7, 1950, and that death occurred at 12 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. R. E. Guldner M.D.				23b. ADDRESS LAMAR Mo		23c. DATE SIGNED 11/7/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 9, 1950	24c. NAME OF CEMETERY OR CREMATORY Lake		24d. LOCATION (City, town, or county) (State) Lamar, Mo.			
DATE REC'D BY LOCAL REG. NOV 8 - 1950		REGISTRAR'S SIGNATURE Marie Kanark 14		25. FUNERAL DIRECTOR'S SIGNATURE Clarence W. Childs		ADDRESS Lamar Mo	

W. G. ...
DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 11 1950

Dist. File 1150-2273

Date Filed 11-15-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Clarence H. Child

Signed.....
Student Embalmer

Licensed Embalmer No.....

3472

P. O. Address.....

Lamar 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.