

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23917**

BIRTH NO. _____ REG. DIST. NO. **256** PRIMARY REG. DIST. NO. **4388** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) Chamais Mo		c. CITY (If outside corporate limits, write RURAL and give township) Chamais Mo 0760	
c. LENGTH OF STAY (In this place) 48 years		d. STREET ADDRESS (If rural, give location) 0.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			
3. NAME OF DECEASED a. (First) Alfred		b. (Middle) Gay	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 8-2-1951	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7-2-1865
9. AGE (In years last birthday) 86	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) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Commissioner	11. BIRTHPLACE (State or foreign country) Calaway Co. Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Melchor Gay		13b. MOTHER'S MAIDEN NAME Unkermann	
14. NAME OF HUSBAND OR WIFE Eva B. Anthony		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, state war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Rigwood Gay	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Emboli (Coronary) INTERVAL BETWEEN ONSET AND DEATH 2 days. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left. Iliac + Femoral Phlebitis 5 days. DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 6-30-1950 , to 8-2-1951 , that I last saw the deceased alive on 8-2-1951 , and that death occurred at 6:15 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE F. B. Tarnsworth, D.O.		23b. ADDRESS Chamais Mo.	
23c. DATE SIGNED 8-9-51.			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 8-6-1951	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Chamais Osage Mo
DATE REC'D BY LOCAL REG. 8-9-51	REGISTRAR'S SIGNATURE Anna Moran	25. FUNERAL DIRECTOR'S SIGNATURE Greene Chamais Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

760
1-1

RECEIVED

AUG 14 1951

DISTRICT HEALTH OFFICE No. 4

File No.

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.....
Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address.....

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.