

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41852

State File No. ....

DEC 23 1952

BIRTH NO. .... REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 306

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>	
b. CITY OR TOWN <b>Jefferson-City</b>		c. CITY OR TOWN <b>RURAL - SAHINE 0660</b>	
c. LENGTH OF STAY (in this place) <b>5 days</b>		d. STREET ADDRESS (If rural, give location) <b>5 mi - E - OLEAN -</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST-MARYS-HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>EMMA-</b> b. (Middle) <b>CHAY</b> c. (Last) <b>RUSSELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec-21 1952</b>
---	---

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>20 March 1883</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---	---------------------------------------	---	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AT-Home</b>	11. BIRTHPLACE (State or foreign country) <b>Miller-Co-Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
---	--	--	---

13a. FATHER'S NAME <b>Wm L - Chay</b>	13b. MOTHER'S MAIDEN NAME <b>Charity-Jane-Miller</b>	14. NAME OF HUSBAND OR WIFE <b>Louis-Russell</b>
---------------------------------------	--	--

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>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Louis-Russell -</b>	ADDRESS <b>OLEAN-MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tretter's fever.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Shocks.</b>		
	DUE TO (c) <b>Hypertensive Cardiac vascular disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>congestive failure</b>			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>-</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Alean-Cole-Mo</b> (COUNTY) <b>Miller</b> (STATE) <b>MO</b>
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 14 1952 11:30 AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell at hand</b>
---	--	--

22. I hereby certify that I attended the deceased from **Dec 21, 1952**, to **Dec 21, 1952**, that I last saw the deceased alive on **Dec 21, 1952**, and that death occurred at **3:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Reuben A. Daylor, M.D.</b>	23b. ADDRESS <b>Jefferson-City-Mo</b>	23c. DATE SIGNED <b>22 Dec 52</b>
--	---------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>23 Dec 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT-PLEASANT-</b>	24d. LOCATION (City, town, or county) (State) <b>Miller-Co-MO</b>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <b>Dec 24-1952</b>	REGISTRAR'S SIGNATURE <b>R.C. Harris</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kath McKay</b>	ADDRESS <b>ELDON MO</b>
---	--	--	-------------------------

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

52-64

0  
1

MO

**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.....

Licensed Embalmer No. 3998

P. O. Address Eldon 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.