No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22596

JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6035 Registrar's No. 376

0910
1

1. PLACE OF DEATH
a. COUNTY: Ripley.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Jordan Twsp.
c. LENGTH OF STAY (in this place): 15 years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 15 Miles N. of Doniphan, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri.
b. COUNTY: Ripley.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Jordan Twsp. 0910
d. STREET ADDRESS (If rural, give location): 15 Miles N. of Doniphan, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Rowan b. (Middle) Frank c. (Last) Day.

4. DATE OF DEATH (Month) (Day) (Year): June 13, 1953.

5. SEX: Male.
6. COLOR OR RACE: white.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married.
8. DATE OF BIRTH: Sept. 3, 1897.
9. AGE (In years last birthday): 55. IF UNDER 1 YEAR: Months 9 Days 10 IF UNDER 24 HRS.: Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming.
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture.
11. BIRTHPLACE (City and State or Foreign Country): Albion, Nebraska.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Frank Day.
13b. MOTHER'S MAIDEN NAME: Sarah Rowan.
14. NAME OF HUSBAND OR WIFE: Viola Day.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): — — — — — — —.
16. SOCIAL SECURITY NO.: 487-20-3162
17. INFORMANT'S SIGNATURE OR NAME: Viola Day. ADDRESS: Doniphan, 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) Myocardial Infarct. — INTERVAL BETWEEN ONSET AND DEATH: 8 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis. — 10 years

DUE TO (c)

II. 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 ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 6, 1953, *to* June 13, 1953, *that I last saw the deceased alive on* June 13, 1953, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank S. Johnson (Degree or title) M.D.
23b. ADDRESS: Doniphan, Mo.
23c. DATE SIGNED: 6/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: June 16, 1953.
24c. NAME OF CEMETERY OR CREMATORY: Good Hope Cemetery.
24d. LOCATION (City, town, or county) (State): Ripley County, Missouri.

DATE REC'D BY LOCAL REG.: 6-16-53
REGISTRAR'S SIGNATURE: E. S. Johnston
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ray Mesmer, Doniphan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.