No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 18 1953

State File No. 30876

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6271 Registrar's No. 54

1120 1

1. PLACE OF DEATH
a. COUNTY: Webster
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Washington
c. LENGTH OF STAY (In this place): 38 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri b. COUNTY: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Washington 1120
d. STREET ADDRESS (If rural, give location): 7 Miles North West of Marshfield MO

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

4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED; NEVER MARRIED, WIDOWED; DIVORCED (Specify): Married 1

8. DATE OF BIRTH: Nov. 19 1887

9. AGE (In years last birthday): 65 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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Conway Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Day

13b. MOTHER'S MAIDEN NAME: Mary Francis Lowder

14. NAME OF HUSBAND OR WIFE: Mabel S. 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.:

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs Mabel S Day RFD 2 Conway MO

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration with infarction

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

DUE TO (b) Hemorrhage, chronic & Severe Anemia 4 Mos.

DUE TO (c) Metastatic Adenocarcinoma from, 6 months the Esophagus. 150X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: (a) 1 Mo 10 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: adenocarcinoma of esophagus with general metastasis (abd. & Chest)

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* 20 Dec., 1952, *to* 10 Aug, 1953, *that I last saw the deceased alive on* 9 Aug, 1953, *and that death occurred at* 4:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. M. Macdonnell MD

23b. ADDRESS: Marshfield, Mo.

23c. DATE SIGNED: 8/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 12 1953

24c. NAME OF CEMETERY OR CREMATORY: St. Luke

24d. LOCATION (City, town, or county) (State): Webster County Mo.

DATE REC'D BY LOCAL REG.: 8/15/53

REGISTRAR'S SIGNATURE: J. H. Francis 892 0

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Barber-Barto Marshfield MO

(Licensed Embalmer's Statement on Reverse Side)

1953

AUG 14 1957

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 Glen A Williams

Licensed Embalmer No. 4651

P. O. Address Marshfield, Me

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.