

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3805

State File No.

FILED FEB 8 1954 REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 45XX Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Webster</u> <u>1120</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY OR TOWN <u>Niangua Mo.</u> c. LENGTH OF STAY (in this place) <u>2 years</u>		c. CITY OR TOWN <u>Niangua Mo</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>1120</u>	

3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Frances</u> c. (Last) <u>Day</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 19 1954</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 2. 1865</u>	9. AGE (In years last birthday) <u>88</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lewertown Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Edward Kowder</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Norton</u>	14. NAME OF HUSBAND OR WIFE <u>John E. Day</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Georgie Miller</u> ADDRESS <u>Marshfield Mo.</u>

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		INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u>		<u>3 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral anoxia</u> DUE TO (c) <u>Anoxemia</u>		<u>2 1/2 hrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Peripheral Circulatory failure</u>		<u>2 days</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	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 1-6, 1954, to 1-18, 1954, that I last saw the deceased alive on 1-18, 1954, and that death occurred at 9:00pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Reed</u> (Degree or title)	23b. ADDRESS <u>P.O. Box 13 Niangua Mo.</u>	23c. DATE SIGNED <u>1-30-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-22-1954</u>	24c. NAME OF CEMETERY OR <u>St. Luke Cemetery Webster County Mo.</u>
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber-Barto</u> ADDRESS <u>Marshfield Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-4-53</u>	REGISTRAR'S SIGNATURE <u>Blancin 392</u>	

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

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.....
Signature of Student Embalmer

Signed *Elmer S. Williams*

Licensed Embalmer No... *465*

P. O. Address... *Marshfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.