

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18424**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4163 Registrar's No. 63

0310

0310

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

1. PLACE OF DEATH a. COUNTY <b>Daviness</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Daviness</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jamesport</b>		c. CITY OR TOWN <b>Jamesport</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. -----		e. STREET ADDRESS (If rural, give location) -----	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b> b. (Middle) <b>W.</b> c. (Last) <b>Gay</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 25 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>July 22 1888</b>		9. AGE (In years last birthday) <b>65</b>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 HR. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Daviness County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Owner</b>			

13a. FATHER'S NAME <b>Archibald Gay</b>		13b. MOTHER'S MAIDEN NAME <b>Laura E. Devorss</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie K. Gay</b>	
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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. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Nellie K. Gay, Jamesport, Mo.</b>	
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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) <b>Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 yrs</b>	
		ANTECEDENT CAUSES <b>Emphysema</b>		<b>15 yrs</b>	
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>5271</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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 Jan 2, 1954, to June 25, 1954, that I last saw the deceased alive on Jan 2, 1954, and that death occurred at 7:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>F. B. Bailey</b> (Degree or title)		23b. ADDRESS <b>Jamesport</b>		23c. DATE SIGNED <b>6-26-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-27-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Antioch Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Daviness Co., Missouri</b>	

DATE REC'D BY LOCAL REG. <b>7-1-54</b>		REGISTRAR'S SIGNATURE <b>Virginia M. Engelbert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hope Funeral Home, Gallatin, Mo.</b>	
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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 *L. O. Fishelson*

Licensed Embalmer No. *330*

P. O. Address *Fall River*

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.