No. 300
10-48

FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

113

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 1

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

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar
c. LENGTH OF STAY (in this place): 8 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barton County Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN: Milford
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): None
2060
0

3. NAME OF DECEASED (Type or Print)
a. (First): WILBUR
b. (Middle): HENRY
c. (Last): DAY

4. DATE OF DEATH (Month) (Day) (Year): Jan. 3, 1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 23, 1910
9. AGE (In years last birthday): 45 — 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): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Engineering Co.
11. BIRTHPLACE (City and State or Foreign Country): Jasper, Missouri
0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Dan Day
13b. MOTHER'S MAIDEN NAME: Libby Minor
14. NAME OF HUSBAND OR WIFE: Nina 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.: 499-14-8387
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. W. H. Day, Milford, 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): Acute Hepatitis (Serum)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): blood transfusion
DUE TO (c): given 3 months ago

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
which operated on the lungs (lung resection)

INTERVAL BETWEEN ONSET AND DEATH: 8 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 580X
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): LAMAR Barton Mo

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* Dec. 25, 1955, *to* Jan. 3, 1956 *that I last saw the deceased alive on* Jan. 3, 1956 *and that death occurred at* 4.25 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D R Guldner
23b. ADDRESS: LAMAR
23c. DATE SIGNED: 1.4.56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 6, 1956
24c. NAME OF CEMETERY OR CREMATORY: Howell Cemetery
24d. LOCATION (City, town, or county) (State): Milford, Mo.

DATE REC'D BY LOCAL REG.: JAN 5 - 1956
REGISTRAR'S SIGNATURE: Marie Konantz 14-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Chiles Funeral Home, Lamar, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1958

DEC 30 1957

MAR 1 1958

MAY 29 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence W. Chile

Licensed Embalmer No. 34

P. O. Address Lamar Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.