FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9898

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 5808 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: MONTGOMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BEARCREEK
c. LENGTH OF STAY (in this place):
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: MO
b. COUNTY: MONTGOMERY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BEARCREEK
d. STREET ADDRESS (If rural, give location): 3 miles Northeast of High Hill

3. NAME OF DECEASED (Type or Print)
a. (First): JULIAN
b. (Middle): RUSSEL
c. (Last): DAYBALL

4. DATE OF DEATH (Month) (Day) (Year): 3-19-56

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 31 1874
9. AGE (In years last birthday): 81 — 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 (State or foreign country): St Louis County
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Samuel C Dayball
13b. MOTHER'S MAIDEN NAME: Mary Cowey
14. NAME OF HUSBAND OR WIFE: Jessie Dayball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Jessie Dayball — **ADDRESS**: High Hill 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 Failure — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis — yrs.
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: 592 x
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, 1955, *to* Mar. 19, 1956, *that I last saw the deceased alive on* Mar. 19, 1956 *and that death occurred at* 9:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. F. Lundsen — Ed.
23b. ADDRESS: Jonesburg Mo
23c. DATE SIGNED: 3/25/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: 3-22-56
24c. NAME OF CEMETERY OR CREMATORY: Mount Pleasant
24d. LOCATION (City, town, or county) (State): High Hill Mo

DATE REC'D BY LOCAL REG.: 3/29/56
REGISTRAR'S SIGNATURE: Laura B Callaway
25. FUNERAL DIRECTOR'S SIGNATURE: Carl A Darling — **ADDRESS**: Jonesburg Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1956

MAY 1956

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 Carl A. Darde

Licensed Embalmer No. 4119

P. O. Address Jonesbu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.