

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15879

State File No. _____

FILED MAY 7 - 1957

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6141 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Jackson	c. LENGTH OF STAY (In this place) 50 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Jackson.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Near Kendall, Md.		d. STREET ADDRESS (If rural, give location) Near Kendall, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Chester b. (Middle) Nather c. (Last) Gay.			4. DATE OF DEATH (Month) (Day) (Year) 4 - 29 - 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 11/4/1890		9. AGE (In years last birthday) 66	# UNDER 1 YEAR Months 5	# UNDER 1 YEAR Days 25	# UNDER 1 YEAR Hours 	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME David Gay		13b. MOTHER'S MAIDEN NAME Emma Shaw.		14. NAME OF HUSBAND OR WIFE Never Married	
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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) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Roy Cravens, Shelbina, Mo	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 15, 1956, to Apr 29, 1957, that I last saw the deceased alive on Apr 25, 1957, and that death occurred at 5:30am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. L. Caldwell D.O.</u>		23b. ADDRESS <u>Shelbina, Mo.</u>		23c. DATE SIGNED <u>Apr 30/57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/1/1957	24c. NAME OF CEMETERY OR CREMATORY Andrews, Chapel Cem.	24d. LOCATION (City, town, or county) (State) Belltown, Missouri		
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DATE REC'D BY LOCAL REG. 4-30-57		REGISTRAR'S SIGNATURE Ada Garrison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James Turner, Monroe City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....
working under my personal supervision.

Student-Embalmer No.....

Signed.....

James James

Signed.....
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City, Missouri.

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.