

Health, Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005285

STATE FILE NUMBER

DECEASED MAR 16 1959

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 31

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bethany</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Bethany</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Reid Hospital</b>	Length of stay in 1b <b>30 min.</b>	d. STREET ADDRESS (If outside, give location) <b>703 S. 18th</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Teddie Rafael Gay</b>			4. DATE OF DEATH Month <b>March</b> Day <b>11</b> Year <b>1959</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12/22/02</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and state or country) <b>Grundy Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Willard R. Gay</b>		13b. MOTHER'S MAIDEN NAME <b>Agnes Ann Hubbard</b>		14. NAME OF HUSBAND OR WIFE <b>Maude Gay</b>	

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. <b>483-05-0919</b>	17. INFORMANT <b>Maude Gay</b>	Address <b>Bethany, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>45 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **3-11-59** to **3-11-59** and last saw <sup>him</sup> ~~her~~ alive on **3-11-59**  
Death occurred at **1:45 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>G.H. Throgger</b>	(Degree or title) <b>D.O.</b>	22b. ADDRESS <b>Bethany, Mo.</b>	22c. DATE SIGNED <b>3-13-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>3/13/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sharon</b>	23d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>
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24. FUNERAL DIRECTOR <b>M. A. Nease</b>	ADDRESS <b>Bethany, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-13-1959</b>	26. REGISTRAR'S SIGNATURE <b>Jella Maybey</b>
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Licensed Embalmer's Statement on Reverse Side

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *M. B. Haas* .....

Licensed Embalmer No. *3899* .....

P. O. Address *Bethany Mo.* .....

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.