

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039317

STATE FILE NUMBER

FILED VS. DEC 9 1959

District No. **67**

Primary Registration District No. **5260**

Registrar's No. **15**

UNRECORDED

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oldfield Twsp.		c. CITY OR TOWN Sparta, RFD	
Length of stay in 1b 80 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) 3 miles SE of Sparta	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First GUY Middle HOMER Last DAY			4. DATE OF DEATH Month November Day 21 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 3, 1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) Oldfield, Missouri	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Thomas B. Day		13b. MOTHER'S MAIDEN NAME Mary Eldridge	
14. NAME OF HUSBAND OR WIFE none		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 Mrs. Ruth Barrow, Baylis, Illinois		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
PART I. IMMEDIATE CAUSE (a) Acute Myocardial Infarction			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Chronic Myocarditis	
		DUE TO (c) Arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

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 12:30 a.m. 8 p.m.	Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Sparta, Missouri	COUNTY Christian	STATE Missouri
21. I attended the deceased from Nov. 1958 to Nov. 21, 1959 and last saw her/him alive on Nov. 19, 1959 Death occurred at 12:30 a. 8 m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Harren H. Nelson (Deceased or title)	22b. ADDRESS Sparta, Mo.	22c. DATE SIGNED 11-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/25/1959	23c. NAME OF CEMETERY OR CREMATORY Day Family Cemetery
23d. LOCATION (City, town, or county) Sparta, Missouri		(State)

24. FUNERAL DIRECTOR Jean Harris	ADDRESS Clever, Mo.	25. DATE RECD. BY LOCAL REG. Nov. 30/59	26. REGISTRAR'S SIGNATURE Nansie Day
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

J. Alan Harris

Licensed Embalmer No. 4390

P. O. Address Clever, Mo.

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