SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007577
STATE FILE NUMBER

AMENDED

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 15

FILED APR 11 1961

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Centralia
Length of stay in 1b: 12 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Way Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Boone
c. CITY OR TOWN: Centralia
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 226 S. E. Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Elmer Middle: E Last: Day
4. DATE OF DEATH: Month: April Day: 3 Year: 1961
5. SEX: male
6. COLOR OR RACE: caucasian
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb. 11, 1876
9. AGE (last birthday): 85
IF UNDER 1 YEAR: Months: 1 Days: 22
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired businessman
10b. KIND OF BUSINESS OR INDUSTRY: Retired busine
11. BIRTHPLACE (City and state or country): Audrain Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Day
13b. MOTHER'S MAIDEN NAME: Perlina Jessie
14. NAME OF HUSBAND OR WIFE: Cora Johnson Day
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Pauline Hoenig Address: Centralia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — Duration unknown
DUE TO (c): Senility — Duration unknown
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 November 1952, to April 3, 1961 and last saw ~~her~~ him alive on April 1, 1961
Death occurred at 2:15 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. Lachance, M.D.
22b. ADDRESS: 110 W. Sneed, Centralia, Mo.
22c. DATE SIGNED: April 1, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 5, 1961
23c. NAME OF CEMETERY OR CREMATORY: Centralia Cemetery
23d. LOCATION (City, town, or county) (State): Centralia, Missouri

24. FUNERAL DIRECTOR: Bill Meadors ADDRESS: Centralia, Missouri
25. DATE RECD. BY LOCAL REG.: April 6-1961
26. REGISTRAR'S SIGNATURE: Maud McBride

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.
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 Bill J. Meadows

Licensed Embalmer No. 4876

P. O. Address Centralia, Mass

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.