

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028656
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 127

FILED AUG 21 1961

AMENDED

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parkville</u>		Length of stay in 1b <u>4 years</u>	c. CITY OR TOWN <u>Parkville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R-5-Bx 388</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R-5-R4 388</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Homer Stanley Day</u>			4. DATE OF DEATH Month Day Year <u>Aug 11-1961</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 29-1896</u>
9. AGE (last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo</u>
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Arthur Day</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Frances Turner</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Day</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service) <u>yes WW-1</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Myrtle Day</u>		Address <u>Parkville Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PROBABLE CORONARY OCCLUSION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u>
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)			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.) <u>NATURAL DEATH</u>	
20c. TIME OF INJURY <u>2:00-3:00 AM</u>	Hour a.m. <u>8-11-61</u>	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.) <u>HOME</u>	20f. CITY, TOWN, OR LOCATION <u>KANSAS CITY, RR. CLAY</u>	COUNTY STATE <u>MISSOURI</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>2:00 to 3 P.M</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Donald L. Seneker, DEPUTY SHERIFF ACTING CORONER</u>		22b. ADDRESS <u>CLAY COUNTY SHERIFFS DEPT, LIBERTY, MO</u>	22c. DATE SIGNED <u>AUG 11, 1961</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 14-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kearney Fairview</u>	23d. LOCATION (City, town, or county) (State) <u>Kearney MO</u>
24. FUNERAL DIRECTOR <u>Seland Francis</u>	ADDRESS <u>Parkville</u>	25. DATE RECD. BY LOCAL REG. <u>8-14-61</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>

AUG 31 1961

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 Leland W. Francis

Licensed Embalmer No. 3451

P. O. Address Perkville, 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.