

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020593

STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 24

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0510
2 0510
3
4 0
5 1
6
7 0
8 0
9 4201
10
11
12 90-2
13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 28 1963	
1. PLACE OF DEATH a. COUNTY JOHNSON	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HOLDEN Length of stay in 1b LIFETIME	
c. CITY OR TOWN HOLDEN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION EAST 2ND ST. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS EAST 2ND ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last IKE NAY	
4. DATE OF DEATH Month Day Year MAY 9, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-23-97
9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY BUILDING
11. BIRTHPLACE (City and state or country) HOLDEN, MO	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOSEPH NAY	13b. MOTHER'S MAIDEN NAME PERMELIA ARMSTEAD
14. NAME OF HUSBAND OR WIFE RUTH MARIE NAY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) YES WWII	16. SOCIAL SECURITY NO.
17. INFORMANT MRS. RUTH NAY, HOLDEN, MO.	Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 30 MIN.	
DUE TO (b) Advanced Atherosclerosis 1 yr	
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.)	
20c. TIME OF INJURY Hour a.m. 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 COUNTY STATE	
21. I attended the deceased from Nov 1962 to 5-9-63 and last saw him alive on 5-4-63 Death occurred at 8:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE James M. Holmberg D.O. (Degree or title)	22b. ADDRESS Holden, Mo
22c. DATE SIGNED 5-10-63	
23a. MANNER OF CREMATION, REMOVAL (Specify) EMERAL	23b. DATE MAY 12, 1963
23c. NAME OF CEMETERY OR CREMATORY HOLDEN CEMETERY	
23d. LOCATION (City, town, or county) (State) HOLDEN, MO.	
24. GENERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG. 5-13-63
26. REGISTRAR'S SIGNATURE Bernice Ross	

CAST FUNERAL HOME HOLDEN, MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

JOHN W. HARRIS

JOHN W. HARRIS

HARRIS

HARRIS

1000 E. 10th St.

1000 E. 10th St.

MAY 1, 1954

THE

STATE OF MISSOURI

STATE OF MISSOURI

DEPARTMENT OF HEALTH

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STATE OF MISSOURI

STATEMENT BY LICENSED EMBALMER

STATE OF MISSOURI

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STATE OF MISSOURI

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 [Signature]

Licensed Embalmer No. 4059

P. O. Address Hollis, 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.

STATE OF MISSOURI
DEPARTMENT OF HEALTH
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