

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

404-63-039336  
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 404

**FILED OCT 24 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		Length of stay in 1b <b>5 days</b>		c. CITY OR TOWN <b>Chamois</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Marys Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location). <b>City</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>FREDERICK WILLIAM DAY</b>			4. DATE OF DEATH Month Day Year <b>Oct 20 63</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>5 Nov 82</b>	9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR Months Days <b>11 11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Interior decorator and painter</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Cooper Hill, Mo</b>	
12. CITIZEN OF WHAT COUNTRY <b>U S A</b>		13a. FATHER'S NAME <b>John J Day</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Baker</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Ley Day</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs Mary Day</b>		Address <b>Chamois, Mo.</b>			
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>Generalized Carcinomatous</b> DUE TO (b) <b>Epidermoid carcinoma</b> DUE TO (c) <b>of the Larynx</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>year</b> <b>year</b>
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 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 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 <b>Oct. 15, 1962</b> to <b>Oct. 29, 1962</b> and last saw him alive on <b>Oct. 19, 1962</b> . Death occurred at <b>2:58</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Francis J Meyer M.D.</b>			22b. ADDRESS <b>Jeff. City, Mo.</b>		22c. DATE SIGNED <b>10/22/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify): <b>Burial</b>		23b. DATE <b>10-23-63</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Oakland Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Chamois, Missouri</b>
24. FUNERAL DIRECTOR <b>Stanley Meyer</b>			25. DATE RECD. BY LOCAL REG. <b>23 October 1963</b>		26. REGISTRAR'S SIGNATURE <b>Therese Richter</b>

OCT 29 1963

**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,

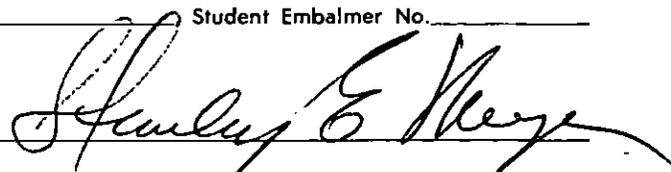
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4639

P. O. Address Chamois, 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.