

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

23630

FILED JUL 17 1948

Registration District No. 224

Primary Registration District No. 3046

Registrar's No.

229

## 1. PLACE OF DEATH:

- (a) County Moniteau County  
 (b) City or town California Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_  
 years, months or days3. (a) PRINT  
FULL NAMEROY LAYTON KAY

## 3. (b) If veteran,

## 3. (c) Social Security No.

name war \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Stella Kay  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb 10 1876  
 (Month) (Day) (Year)

## 8. AGE:

Years

Months

Days

If less than one day

72326

hr. min.

## 9. Birthplace

Moniteau County  
 (City, town, or county) (State or foreign country)California Mo.  
 (City, town, or county) (State or foreign country)

## 10. Usual occupation

Layyer

## 11. Industry or business

## 12. Name

ROBERT WM KAY

## 13. Birthplace

Moniteau County  
 (City, town, or county) (State or foreign country)California Mo.  
 (City, town, or county) (State or foreign country)

## 14. Maiden name

Married Redman

## 15. Birthplace

Moniteau County  
 (City, town, or county) (State or foreign country)California Mo.  
 (City, town, or county) (State or foreign country)

## 16. (a) Informant

Mrs Roy Kay

## (b) Address

California Mo.

## 17. (a)

Burial

## (b) Date thereof

6-8-48  
 (Month) (Day) (Year)

## (c) Place: burial or cremation

Masonic Cem.

## 18. (a) Signature of funeral director

Hugh E. Williams

## (b) Address

California Mo.

## 19. (a)

6-7-48

## (b)

A. R. Popejoy  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Moniteau  
 (c) City or town California Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
 year 1948 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 4 1948 to June 6 1948  
 that I last saw him alive on June 6 1948  
 and that death occurred on the date and hour stated above.

## Immediate cause of death

Coronary Occlusion

Duration

2 days

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings:

Of operations

Of autopsy

## PHYSICIAN

Underline the cause of which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
 (Specify type of place)

## While at work?

Means of injury 0

## 23. Signature

Kenneth Latham (M. D. or other)

## Address

California, MO.Date signed 6-7-48

Date Filed JUL 16 1948

District File Number

District Health Officer No. 9,

RECEIVED

### 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Hugh E Williams*

Licensed Embalmer No. 3537

P. O. Address. California 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 this body is not embalmed, fact should be so stated above.