

DEPT SEP 26 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

295416
Do not use this space.

1. PLACE OF DEATH
 (a) County MONROE Registration District No. 587
 (b) Township WOODLAWN Primary Registration District No. 1585 Registered No. 6
 (c) City _____ (d) Street No. Monroe Co. Mo. St. _____
 (e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME OWEN OSCAR HAYHURST
 (a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LUCINA HAYHURST

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 29, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>78</u>	<u>2</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) JULY 1938 11. Total time (years) spent in this occupation active

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANKAKEE CO., ILL.

13. NAME JOHN B. HAYHURST

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANKAKEE CO., ILL.

15. MAIDEN NAME MARY ANN FARRINGTON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT Mrs. Lyla Albin Paris, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant Park, Ill. DATE Aug 18, 1938

19. FUNERAL DIRECTOR Speed & Blakey

20. FILE Aug 17, 1938. 9. Wedding Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10th, 1938, to Aug 16, 1938.
 I last saw him alive on Aug 16, 1938. Death is said to have occurred on the date stated above, at 4:40 P.M.
 The principal cause of death and related causes of importance were as follows:
cerebral hemorrhage and cardiac failure

Other contributory causes of importance: 820

Name of operation None Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Nelson S. Christman, M.D. Address Paris, Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-38-154

Date Filed 9-16-38

STATEMENT BY LICENSED EMBALMER

I, A. G. Blakely Licensed Embalmer No. 2614

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed A. G. Blakely
Licensed Embalmer No. 2614

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.)