

39289

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 28

Primary Registration District No. 5290

Registrar's No. 43

1. PLACE OF DEATH:

(a) County CEDAR
(b) City or town STOCKTON
(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 ALL OF LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Stockton
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME WILLIAM PAUL HAYDEN

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 27 1928
(Month) (Day) (Year)

8. AGE: Years 11 Months 10 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Cedar County, Stockton, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation School boy

11. Industry or business _____

12. Name William Earl Hayden
13. Birthplace Andrew Co., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Haden
15. Birthplace Cedar Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm. Earl Hayden
(b) Address Stockton, Mo.

17. (a) _____ (b) Date thereof Nov 28 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Union

18. (a) Signature of funeral director W.C. Davis & Co
(b) Address Stockton, Mo.

19. (a) Nov 29 1939 (b) Mrs Minnie Bartlett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1939 hour 3:30 minute 4 M.

21. I hereby certify that I attended the deceased from 11-24
1939 to 11-28, 1939
that I last saw him alive on 11-28-39, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Streptococci infection of throat
Due to _____

Due to same

Other conditions 71°C
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy ✓

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. Severe (M. D. or other) MD
Address Stockton, Mo. Date signed 11-29-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—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.

Rev. 5-17-39
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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.....

O. H. Neale

Registered Apprentice No. ~~3335~~

working under my personal supervision.

Signed.....

O. H. Neale

Licensed Embalmer No. 3335

P. O. Address. *Stockton-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, above space should be left blank.