

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

44991
Do not use this space.

1. PLACE OF DEATH
 (a) County Webster Registration District No. 896
 (b) Township Ozark Primary Registration District No. 6198
 (c) City (d) Street No.
 (e) Length of residence in city or town where death occurred life (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Donald Gene Hayes
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2 x
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 12, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
no no 10
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. infant
 9. Industry or business in which work was done, as saw mill, bank, etc. x
 10. Date deceased last worked at this occupation (month and year) x 11. Total time (years) spent in this occupation x
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshfield, Mo.
 FATHER 13. NAME Charles J. Hayes
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark, Mo.
 MOTHER 15. MAIDEN NAME Ada Mae Young
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshfield, Mo.
 17. INFORMANT (NAME) Charles J. Hayes
 (ADDRESS) Marshfield, Missouri
 18. BURIAL, CREMATION, OR REINTERMENT PLACE Shields DATE Sept. 23, 1939
 19. FUNERAL DIRECTOR (NAME) Rex Rainey
 (ADDRESS) Marshfield, Missouri
 20. FILED Jan. 2, 1940 Elizabeth Telford Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 22, 1939
 22. I HEREBY CERTIFY, that I attended deceased from Sept 22, 1939, to Sept 22, 1939.
 I last saw him alive on Sept 22, 1939. Death is said to have occurred on the date stated above, at 2:50 P.M.
 The principal cause of death and related causes of importance were as follows:
Found dead in bed - following attack with fever, pneumonia, etc.
 Other contributory causes of importance:
Poor circulation, weak End - Under nourished
 Name of operation Date of
 What test confirmed diagnosis? 108 Was there an autopsy?
 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?
 If so, specify
 (Signed) W. T. Behr M. D.
 (Address) Thompson, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

50M-1-12-39 I X14023

July 22 1940

12

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Donald Gene Hayes

September 12, 1939

infant

Marshfield, Mo.

Charles J. Hayes

Ozark, Mo.

Ada Mae Young

Marshfield, Mo.

Charles J. Hayes

Marshfield, Missouri

Shields

Sept. 23, 1939

Rex Rainey

Marshfield, Missouri

Jan. 2, 1940

Elizabeth Telford

Local Registrar.

Found dead in bed - following attack with fever, pneumonia, etc.

Other contributory causes of importance: Poor - circulation, weak End - Under nourished

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W. T. Behr

Thompson, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 140-255

Date Filed JAN 19 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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.