

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11456

State File No. _____

Registration District No. 427

Primary Registration District No. 5582

Registrar's No. 12

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Holden - Rural Madison
(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 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ida May Hayes 200
8. (b) If veteran, name war ✓
8. (c) Social Security No. ✓

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife W.O. Hayes
6. (c) Age of husband or wife if alive Deceased years 3 1865
7. Birth date of deceased April (Month) 3 (Day) 1865 (Year)

8. AGE: Years 74 Months 10 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____
MOTHER FATHER { 12. Name George Henry
13. Birthplace Kentucky
14. Maiden name Sarah Boswell
15. Birthplace Kentucky

16. (a) Informant's own signature Ernest Hayes
(b) Address Holden Mo. O.P.A. #4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 5 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery Pleasant Hill Mo.

18. (a) Signature of funeral director J.M. Lockman
(b) Address Holden Mo

19. (a) March 4 1940 (Date received local registrar) (b) Mrs. B. V. Redford (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Holden Rural
(If outside city or town limits, write "RURAL")
(d) Street No. North of Holden 5 miles
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1940 hour 4:00 minute _____ A.M.
21. I hereby certify that I attended the deceased from October
1939 to March 3, 1940;
that I last saw her alive on Mar 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 3 days
Due to Chronic Myocarditis
Due to _____
Other conditions ASC
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to 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) (e) Means of injury _____
While at work? _____
23. Signature Kelly Rawlins (M. D. or other) 36
Address Holden Mo Date signed 2/4/40

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

Rev. 6-17-39 1 x 1951

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.

RECEIVED
Health Officer No. 8,
File Number
4-11-70
Date Filed

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..... *T. P. Goodman*.....
Licensed Embalmer No. *2424*.....
P. O. Address..... *Holden 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.