

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

43262

Registration District No. 1941

570

Primary Registration District No.

577

Registrar's No.

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town RURAL - MATION
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 MI. S.W. OF MADISON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
61 yrs. (Specify whether years, months or days)
In this community 2

3. (a) PRINT FULL NAME EDWARD ISA HAYDEN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife NOAH V. HAYDEN 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased FEB. 8, 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 3 If less than one day hr. min.

9. Birthplace MONROE Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER.

11. Industry or business

MOTHER FATHER { 12. Name TUCKER HAYDEN

13. Birthplace MACON Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name SARAH SKINOLE

15. Birthplace MONROE Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Velta Hayden

(b) Address MADISON, Mo.

17. (a) BURIAL (b) Date thereof DEC 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MADISON, Mo.

18. (a) Signature of funeral director Speed Blahney

(b) Address PARIS, Mo.

19. (a) Dec 13/1940 (b) Max J. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 4 MI. S.W. OF MADISON
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 11TH
year 1940 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec. 11, 1940, to Dec. 11, 1940;
that I last saw him alive on Dec. 11, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Embolism of Lung Duration 1 hr.

Due to III B

Other conditions (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?

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

23. Signature J. P. Burney (M. D. or other)

Address MADISON, Mo. Date signed 12-11-40

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.