

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3104

MAILED FEB 17 1941

Registration District No. 441

Primary Registration District No. 5599

Registrar's No. 7

52
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Bellvue

(a) County KNOX

(b) City or town Edina (Rural)

(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 21 days _____ (Specify whether)

years, months or days _____

2. USUAL RESIDENCE OF DECEASED: 52

(a) State Missouri (b) County KNOX

(c) City or town Edina Rural - Bee Ridge

(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Donald Lee Hayes

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30

year 1941 hour 9:55 minute A M.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: 12 (Month) 18 (Day) 40 (Year)

21. I hereby certify that I attended the deceased from 1 - 30, 1941, to 1 - 30, 1941;

that I last saw him alive on 1 - 29 - 41, 1941;

and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 1 Days 12 If less than one day _____ hr. _____ min.

Immediate cause of death: Broncho-pneumonia

Duration 7 days

9. Birthplace Grm-Smith Hospital Kirksville

(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation _____

11. Industry or business _____

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name Francis M. Hayes

13. Birthplace Edina, Mo (Knox)

(City, town, or county) (State or foreign country)

14. Maiden name Mabel McKenzie

(Knox) (State or foreign country)

15. Birthplace _____

(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Francis M. Hayes

(b) Address Edina, Mo

17. (a) Rural (b) Date thereof Jan-31-1941

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bee Ridge

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? 395

18. (e) Signature of funeral director Joseph Anderson

(b) Address Edina, Mo

19. (a) Jan 31 1941 (b) Wesley M. Smith

(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Fredrick L. Schmitt (M. D. or other) M. D.

Address Edina, Mo Date signed 1-31-41

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RECEIVED

District Health Officer No. 10

District File Number 2-41-284

Date Filed FEB 14 1941

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3107

Registration District No. 441

Primary Registration District No. 5391

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Ripon
- (b) City or town Benton
(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 _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Donald Lee Hays

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>1</u>	<u>12</u>	hr _____ min _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

- 12. Name _____
- 13. Birthplace _____ (City, town, or county) (State or foreign country)
- 14. Maiden name _____ (State or foreign country)
- 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
- (c) City or town _____ (If outside city or town limits, write "RURAL")
- (d) Street No. _____ (If rural, give location)
- (e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1971 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho
Pneumonia - clinical Duration 6 days

Due to no previous or
subsequent infections
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____

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? _____

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

23. Signature Frederick L. Schmit (M. D. or other) AM DO.
Address Edina, Mo. Date signed 7-14-71

SUPPLEMENTAL

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