U. S. No. 2
OM—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24387

FILED AUG 8 1944

Registration District No. 37

Primary Registration District No. 4099

Registrar's No. 117

1920

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

1. PLACE OF DEATH

(a) County: Cass

(b) City or town: Pleasant Hill

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community: 34 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cass 19 2 0

(c) City or town: Pleasant Hill, Mo. 0

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

(d) Street No. ____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: David Clinton Hayes

3. (b) If veteran, name war: World War no. 1

3. (c) Social Security No. 496-16-8003

4. Sex: male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Willetta Hayes

6. (c) Age of husband or wife if alive: 42 years

7. Birth date of deceased: Feb. (Month) 25 (Day) 1900 (Year)

8. AGE: Years 44 Months 4 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace: Tazwell (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: ____

FATHER
12. Name: Greenberry Hayes
13. Birthplace: Tazwell, (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name: Laura Bell
15. Birthplace: Tazwell (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant: Henry Hayes
(b) Address: Pleasant Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill, Mo.

18. (a) Signature of funeral director: Allen Brownfield
(b) Address: Pleasant Hill, Mo.

19. (a) Aug. 4, 1944 (Date received by local registrar) (b) Margaret Vella (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1944 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from July 20, 1944 to July 20, 1944 that I last saw him alive on July 20, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration 3 hr.

Due to: ____

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: 0

23. Signature: L. V. Maupin M. D. (M. D. or other)
Address: Pleasant Hill, Mo. Date signed 7/22/44

1041 (Licensed Embalmer's Statement on Reverse Side)

AUG 9 1944

AUG 23 1944

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

By me 7-23-44, Registered Apprentice No.,

working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill, Mo

MAY 1 5 1945

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.