

**FILED DEC 12 1945 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Saline  
Township  
City Marshall

Registration District No. 324  
Primary Registration District No. 272  
(No. Fitzgibbon Hospital (1) Length of Stay 1 Da (Week)

File No. 38686  
Registered No. 176

**2. FULL NAME WILLIAM THOMAS HAYES**

(a) Residence, No. Sweet Springs Mo "Rural" Word.  
(Usual place of abode) community - Life (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred  yrs. mos. ds. How long in U. S., if of foreign birth?  yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MO 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmora Harmon Hayes age 71  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-21-1868  
7. AGE YEARS 77 MONTHS 3 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Mo

MOTHER 13. NAME Cook Hayes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 1

15. MAIDEN NAME Gash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 1

17. INFORMANT Mr W T Hayes  
(ADDRESS) Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Sweet Springs Mo DATE 11-25

19. UNDERTAKER Harry Herschberger  
(ADDRESS) Marshall Mo

20. FILED 11/25 1945 Mo T. O. Whethorn  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24 1945

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1945, to Nov. 24 1945.  
I last saw him alive on Nov. 24 1945 Death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:

Congestive heart failure  
Other contributory causes of importance: Arterial hypertension 5-3  
Name of operation Date of  
What test confirmed diagnosis? 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? NO  
If so, specify  
(Signed) Galilee MD M. D.  
(Address) Marshall Mo, 11/24/45

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.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-11-45

SEP 29 1953

I hereby certify that the body whose name  
apt is recorded on the reverse side of this Certificate  
was embalmed by me

Harry Hershberger  
# 4357  
Marshall Mo