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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 20 1946
Registration District No. 290

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41661
Registrar's No. 1024

Primary Registration District No. 4427

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

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Waynesville General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Goldie Viola HAYES
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Chas G Hayes 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 18 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 8 18 hr. min.

9. Birthplace Rock Falls Ill
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Charles Little
13. Birthplace Waynesboro Penn
(City, town, or county) (State or foreign country)
14. Maiden name Alice Deter
15. Birthplace Hagerstown Md
(City, town, or county) (State or foreign country)

16. (a) Informant Chas G Hayes
(b) Address Waynesville Mo

17. (a) Burial (b) Date thereof 12 7 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rock Falls, Ill

18. (a) Signature of funeral director Paul B. Hoops
(b) Address Waynesville Mo

19. (a) 12-9-46 (b) Louis B. McIntock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pulaski, 85
(c) City or town Waynesville, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1946 hour 5 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Dec 3, 1946, to Dec 4, 1946
that I last saw her alive on Dec 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy J3A

Duration
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 Wm. F. Smith (M. D. or other) _____
Address Waynesville Mo Date signed 12/1/46

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(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1941

DEC 20 1940

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 Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address Waynesville, 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, fact should be so stated above.