

FILED JUL 25 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23305

State File No.

Registration District No. 15

Primary Registration District No. 5072

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural near Port W P
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home Route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 26 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6
(c) City or town Rural near 3
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1 - Laniar 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mattie Flossie Mote Hayward

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

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jake Hayward 6. (c) Age of husband 67 years alive

7. Birth date of deceased March 25 1883
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Near Dadeville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Mote

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

14. Maiden name Josie Dodson

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

16. (a) Informant Jake Hayward

(b) Address Route 1 - Laniar Mo

17. (a) Burial (b) Date thereof July 1, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Cemetery

18. (a) Signature of funeral director Lamar

(b) Address Lamar, Missouri

19. (a) JUL 1 - 1947 (b) Marie Komantz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1947 hour 11 minute 17 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 Coronary thrombosis
2nd
Due to 8 months ago had
Due to Coronary thrombosis

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? 0

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

23. Signature C. E. Duckett (M. D. or other) MD
Address Laniar Mo Date signed 6/25/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Coroner, Barton Co., Mo.

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

6
0
0

