. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

3502

State File No. .....

FILED FEB 9 1948

Registration District No. 31

Primary Registration District No. 6676

Registrar's No. 25

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Bowling Green
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME HAYS, Claude C.

3. (b) If veteran, name war PT

3. (c) Social Security No. not shown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased December 24, 1901
(Month) (Day) (Year)

8. AGE: Years 45 | Months 1 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace New Hartford, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business --

FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar - VAH
(b) Address Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/48
(Month) (Day) (Year)
(c) Place: burial or cremation Bowling Green, Mo.

18. (a) Signature of funeral director A.H.Hoppe Und.
(b) Address St. Louis, Mo.

19. (a) 1-26-48 (Date received local registrar) (b) Gerald J Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24, year 1948 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from January 10, 1948, to January 24, 1948; that I last saw him alive on January 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PERIPHERAL VASCULAR COLLAPSE, WATERHOUSE SYNDROME	Unk
Due to paraplegic at level of 12 THORACIC VERTEBRA	
Due to PYELONEPHRITIS	
Due to THROMBOPHLEBITIS, LEFT LOWER EXTREMITY	
Other Fracture of spine	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cystotomy 1/24/47

Of autopsy None

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ~~None~~ Accident

(b) Date of occurrence 1/9/48

(c) Where did injury occur? home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell from tree 16 feet
(Specify type of place)

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

23. Signature L.E. STILWELL (M. D. ~~or other~~)

Address VAH-Jeff.Brks.,Mo. Date signed 1/26/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

206666

MAR 18 '0A8

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, fact should be so stated above.