No. 300
—10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33433

Registration District No. 283 | Primary Registration District No. 5655 | Registrar's No. 123

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo 29 da (Specify whether years, months or days)
In this community 2 mo 29 da

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barton 6
(c) City or town: Lamar 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Fred Derth Hays
3. (b) If veteran, name war: W W I
3. (c) Social Security No. 492-28-7969
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Rae Constance Hays
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: Aug (Month) 3 (Day) 1893 (Year)
8. AGE: Years 55 | Months 2 | Days 10 | If less than one day ___ hr. ___ min.
9. Birthplace: Lamar (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Accountant
11. Industry or business: Frank Horton & Co.
FATHER
12. Name: Albert L. Hays
13. Birthplace: Marion (City, town, or county) Ind. (State or foreign country)
MOTHER
14. Maiden name: Jane Ainscough
15. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Rae C. Hays
(b) Address: Lamar Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 16 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Lake Cem. Lamar, Mo.
18. (a) Signature of funeral director: Fonantz Funeral Home
(b) Address: Lamar, Mo.
19. (a) Oct. 13, 1948 (Date received local registrar) (b) Cecil Hendricks (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1948 hour 1 minute 05 A.M.
21. I hereby certify that I attended the deceased from July 14, 1948 to Oct 13, 1948 that I last saw him alive on Oct 13, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Decompensation	Oct
Due to: Pulmonary tuberculosis	13 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: B
Of autopsy: Pulmonary tbc Edema of Lungs

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
23. Signature: C. A. Brusher M.D.
Address: Mt. Vernon Mo Date signed: 10-13-49

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1848-1176
Date Filed 10-16-48

OCT 21 1948

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 Earl J. Konanitz

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.