

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1804

State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 8

1. PLACE OF DEATH
 a. COUNTY Livingston
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe
 c. LENGTH OF STAY (In this place) 1 year
 d. FULL NAME OF HOSPITAL OR INSTITUTION 136 Brunswick

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Livingston
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe
 d. STREET ADDRESS (If rural, give location) 136 Brunswick

3. NAME OF DECEASED (Type or Print)
 a. (First) Cora b. (Middle) Lorene c. (Last) Hayes
 4. DATE OF DEATH (Month) (Day) (Year) January 26, 1949

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 20 August 1904 9. AGE (In years last birthday) 44 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 6 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Harris, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ed Barnes 13b. MOTHER'S MAIDEN NAME Cooper 14. NAME OF HUSBAND OR WIFE Noah P. Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Dorine Jewell; Chillicothe, Missouri ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal peritonitis, bda
 ANTECEDENT CAUSES (b) Ruptured appendix 10 days
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 II. OTHER SIGNIFICANT CONDITIONS (c) _____
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 14, 1949 to Jan 26, 1949 that I last saw the deceased alive on Jan 26, 1949 and that death occurred at 3:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE J. M. Russell M.D. (Degree or title) 23b. ADDRESS Chillicothe Mo 23c. DATE SIGNED 1/28/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 29 January '49 24c. NAME OF CEMETERY OR CREMATORY Edgewood Cemetery 24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri

DATE REC'D BY LOCAL REG Jan 29, 49 REGISTRAR'S SIGNATURE Francis B. Neel 25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home; Chillicothe, Mo. ADDRESS _____

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

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.....

..... Student Embalmer No.

.....
working under my personal supervision.

Signed..... *Ellen J. Norman*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, Missouri.....

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.