

FILED MAR 14 1949

STANDARD CERTIFICATE OF DEATH

4544

State File No. ....

No. 300  
10.48

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 218

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>                                     |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |  |
| b. CITY OR TOWN <u>Springfield</u> c. LENGTH OF STAY (In this place) <u>Life</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>                     |  | d. STREET ADDRESS (If rural, give location) <u>509 Jones</u>   |  |

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|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>John</u><br>b. (Middle) <u>-</u><br>c. (Last) <u>Hayes</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March 5th 1949</u> |
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|                    |                             |  |  |   |   |  |
|--------------------|-----------------------------|--|--|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Col</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug. 28th 1890</u> | 9. AGE (In years last birthday) <u>58</u> | if UNDER 1 YEAR Months <u>9</u> Days <u>7</u> | if UNDER 1 HR. Hours <u>-</u> Mins. <u>-</u> |
|--------------------|-----------------------------|--|--|---|---|--|

|  |   |   |  |
|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drayman</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (State or foreign country) <u>Arkansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Charlie Hayes</u> | 13b. MOTHER'S MAIDEN NAME <u>Louise Wilson</u> | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or date of service) <u>-</u> | 16. SOCIAL SECURITY NO. <u>unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Emyrs Rice</u> ADDRESS <u>806 N. Grand</u> |
|--|--|---|

|  |   |  |                                  |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><u>Acute Myocardial Insufficiency</u>                             | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                  |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |   |  |                                  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.                          |   |  |                                  |
| DUE TO (b) _____   |   |  |                                  |
| DUE TO (c) _____   |   |  |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 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) (min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR <u>✓</u> |
|--|--|------------------------------------|

22. I hereby certify that I attended the deceased from Feb 25, 1949, to Mar 5, 1949, that I last saw the deceased alive on Mar 5, 1949, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

|   |                                       |                                     |
|---|---------------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Lyman N. Brown M.D.</u> | 23b. ADDRESS <u>311 1/2 Roonville</u> | 23c. DATE SIGNED <u>Mar 8, 1949</u> |
|---|---------------------------------------|-------------------------------------|

|   |                         |   |   |
|---|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-9-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u> |
|---|-------------------------|---|---|

|  |   |  |
|--|---|--|
| DATE REC'D BY LOCAL REG. <u>3/8/49</u> | REGISTRAR'S SIGNATURE <u>W.S. Handley</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H.P. Campbell</u> ADDRESS <u>Springfield</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....  
Student Embalmer

Signed.....

*W. P. Campbell*

Licensed Embalmer No. ....

*1747*

P. O. Address.....

*Springfield*

**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.