

FILED APR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11457

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 6070 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Barton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Barton</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Lamar R.R. 3 Milford tw n ll y</u> d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles north-west of Mil-</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Katharine</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Hayes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10/20/1877</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Mathis Mayer</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Myer</u>			
14. NAME OF HUSBAND OR WIFE <u>Lemuel E. Hayes</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Lemuel E. Hayes</u>		ADDRESS <u>Lamar, Mo. R. #3</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>6 mos?</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>6 mos?</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cachexia</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>of abdomen</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb 22, 1949</u> , to <u>April 16, 1949</u> , that I last saw the deceased alive on <u>4/16, 1949</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. M. Arnold, M.D.</u>			23b. ADDRESS <u>Lamar, Mo.</u>		23c. DATE SIGNED <u>April 19, 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/19/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. James</u>			
24d. LOCATION (City, town, or county) (State) <u>Barton Co. Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>L. Gerald Berry</u>		ADDRESS <u>Sheldon Mo.</u>			
DATE REC'D BY LOCAL REG. <u>APR 22 1949</u>		REGISTRAR'S SIGNATURE <u>Marie Konarski</u>		14			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 449-492

Date Filed 4-28-49

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 L. Gerald Beeny

Licensed Embalmer No. 4283

P. O. Address Shelton Md.

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.