

FILED MAY 11 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 12199

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5548 Registrar's No. 6

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

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Rural Prairie</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Armstrong</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles northwest Armstrong</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Finley</u> c. (Last) <u>Hayes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 11 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 11, 1872</u>	9. AGE (In years last birthday) <u>77</u>	10. UNDER 1 YEAR <u>2</u> Months <u>0</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Linn Co Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Solomon Hayes</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hester</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Smith</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>1-4</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sam E. Hayes</u> ADDRESS <u>Armstrong Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES <u>arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		4201	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) <u>Armstrong Howard Mo</u>
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?

22. I hereby certify that I attended the deceased from Nov 1948 to April 11, 1949 that I last saw the deceased alive on April 10, 1949 and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Leck</u> (Degree or title)	23b. ADDRESS <u>Jayette, Mo</u>	23c. DATE SIGNED <u>4-13-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 13, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boazoke Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boazoke Mo.</u>
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DATE REC'D BY LOCAL REG <u>Apr. 13, 49</u>	REGISTRAR'S SIGNATURE <u>Walker Ludskey</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Ludskey</u> ADDRESS <u>Sicemont Glasgow Mo</u>
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MAY 7 REC'D
RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-10-49

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 _____

working under my personal supervision.

Signed _____
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 3978

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.