S. No. 300
10.48

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FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13178

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5805 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-JEFFERSON TWP.
c. LENGTH OF STAY (in this place): 141 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. STOUTSVILLE, MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONROE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-JEFFERSON TWP.
d. STREET ADDRESS (If rural, give location): R.F.D. STOUTSVILLE, MO

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE T. b. (Middle) HAYDEN c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): APRIL 5, 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: APR 3, 1866
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 0, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): MONROE CO., MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: RUFUS HAYDEN
13b. MOTHER'S MAIDEN NAME: MARY JANE HARDESTY
14. NAME OF HUSBAND OR WIFE: ELIZABETH HAYDEN

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.: ✓
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: CLAUDE HAYDEN, STOUTSVILLE MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by hanging self with rope in barn.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. 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: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): SUICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): IN BARN ON FARM
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): JEFFERSON TWP. MONROE MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): APR. 5, 1949, 4 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: SUICIDE BY HANGING

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at about 4 P.M., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell W. Wilson 3 CORONER
23b. ADDRESS: MONROE CITY, MO.
23c. DATE SIGNED: 4-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APR. 8, 1949
24c. NAME OF CEMETERY OR CREMATORY: VICTOR
24d. LOCATION (City, town, or county) (State): MONROE CO. MO.

DATE REC'D BY LOCAL REG.: 4-16-49.
REGISTRAR'S SIGNATURE: Elbert Baker M.D. 20
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Speed & Blakey, PARIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No.
District File Number 4.49
Date Filed APR 19 1949

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.