

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15218

No. 300
10. 48

2100

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

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5243 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CHARITON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CHARITON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 miles No 9 Glasgow</u>		d. STREET ADDRESS (If rural, give location) <u>9 Miles No 9 Glasgow</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JANE</u> b. (Middle) <u>—</u> c. (Last) <u>HAYES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 4 1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 15, 1844</u>
9. AGE (In years last birthday) <u>104</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>	11. BIRTHPLACE (State or foreign country) <u>SALISBURY MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ROBERT BUTTNER</u>	
13b. MOTHER'S MAIDEN NAME <u>SARAH BUTTNER</u>		14. NAME OF HUSBAND OR WIFE <u>DUD HAYES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Robert Hayes</u>		ADDRESS <u>Forest Green 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erysipela of Gallbladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic cholelithiasis</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>generalized arteriosclerosis 10 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>585 X</u>	
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? _____	
22. I hereby certify that I attended the deceased from <u>April 27, 1949</u> to <u>May 4, 1949</u> , that I last saw the deceased alive on <u>April 27, 1949</u> , and that death occurred at <u>9:40 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. L. Hayes M.D.</u>		23b. ADDRESS <u>Salisbury Mo</u>	
23c. DATE SIGNED <u>5-7-49</u>		23d. LOCATION (City, town, or county) (State) _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May 8, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST GREEN CEM</u>	24d. LOCATION (City, town, or county) (State) <u>FOREST GREEN, MO.</u>
DATE REC'D BY LOCAL REG. <u>5-7-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>[Address]</u>

(Licensed Embalmer's Statement on Reverse Side)

720

MAY 9 REC'D

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-21-49

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.

Signed

Ed. G. G. G. G.

Signed.....
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow

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.