

FILED MAY 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16635

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5761 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrison</u> d. STREET ADDRESS (If rural, give location) <u>214 N. 6th St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>D.</u> c. (Last) <u>HAYT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 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>May 31, 1859</u>
9. AGE (In years last birthday) <u>89</u> 10. UNDER 1 YEAR Months <u>11</u> Days _____ 11. UNDER 24 HRS. Hours _____ Min. _____		9. AGE (In years last birthday) <u>89</u> 10. UNDER 1 YEAR Months <u>11</u> Days _____ 11. UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Adam Co. Ill</u>	
11. BIRTHPLACE (State or foreign country) <u>Adam Co. Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Amos Hayt</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Enstler</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. George Sniffen</u>		ADDRESS <u>214 N 6th - Harrison 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>Deville Decumbra</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart Disease</u>	
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>Palmira Marion MO</u>			
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>Jan 1, 1949</u> , to <u>April 3, 1949</u> , that I last saw the deceased alive on <u>April 25, 1949</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. M. Lucke</u> (Degree or title) <u>D</u>		23b. ADDRESS <u>Harrison</u>	
23c. DATE SIGNED <u>5-7-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-2-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Cedarview Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison Marion MO</u>	
DATE REC'D BY LOCAL REG. <u>May 9 1949</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u> FUNERAL DIRECTOR'S SIGNATURE <u>James O. Powell</u> ADDRESS <u>Harrison Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Michael J. O'Connell

Signed _____
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hannibal Mo

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.