

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18657
Registrar's No. 725

BIRTH NO. 32628-49 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1722 1/2 St. Joseph Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nella</u> b. (Middle) <u>Marie</u> c. (Last) <u>Hayes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 26, 1949</u>
9. AGE (In years last birthday) <u>30</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert Eugene Hayes</u>		13b. MOTHER'S MAIDEN NAME <u>Marjorie Ethel Harrison</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marjorie Hayes</u> ADDRESS <u>St. Joe, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis of Lungs</u> INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pre-mature birth (20 weeks)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7620</u>	
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) (m.)		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>6/28, 1949</u> , to <u>6/28, 1949</u> , that I last saw the deceased alive on <u>6/28, 1949</u> , and that death occurred at <u>1722 1/2 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>G. T. Bloomer, M.D.</u>		23b. ADDRESS <u>1718 N. 3rd St. Joseph, Mo.</u>	
23c. DATE SIGNED <u>6/28/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 28, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heater Beuma</u> ADDRESS <u>St. Joseph Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 30, 1949</u>		REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u> 382	

(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 ^{not} by me, or by

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Eugene Wood

Signed _____

Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *519 So 10th St. Jax*

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.