

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21130

State File No.

FILED JUN 27 1949

1003

Registrar's No. 5302

BIRTH NO. 78117-48 REG. DIST. NO. 318 PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis, Mo.		c. LENGTH OF STAY (in this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brasseley		0
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital			d. STREET ADDRESS (If rural, give location) Rt - Box 44		
3. NAME OF DECEASED (Type or Print) a. (First) Diana		b. (Middle) Jean	c. (Last) Hayes	4. DATE OF DEATH (Month) (Day) (Year) June 18 1949	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12-27-48	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo.		12. CITIZEN OF WHAT COUNTRY? Amer
13a. FATHER'S NAME Wilburn E. Hayes		13b. MOTHER'S MAIDEN NAME Geraldine Johnson	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm E. Hayes, Poplar Bluff, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia DUE TO (c) II. 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 <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)		160 160	
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? 792X			
22. I hereby certify that I attended the deceased from 6-16, 1949 to 6-18, 1949, that I last saw the deceased alive on 6-18, 1949, and that death occurred at 115 AM from the causes and on the date stated above.					
23a. SIGNATURE Wm G. Klingberg (Degree or title)		23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 6-18-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-18-1949	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Poplar Bluff Mo		
DATE RECEIVED BY VOLUNTARY REGISTRAR'S SIGNATURE JUN 20 1949	REGISTRAR'S SIGNATURE J. B. Looater	25. FUNERAL DIRECTOR'S SIGNATURE Howland Mortuary Svc Inc		ADDRESS 4104 Manchester	

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

5302

AUG 4 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

Van M Sigmond

Licensed Embalmer No. *4343*

P. O. Address *St Louis 10 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.