

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27455

BIRTH NO. <u>59191-49</u>		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>4330</u>		Registrar's No. <u>25</u>		
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss</u>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>East Prairie</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>East Prairie 67</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Paplar St.</u>				d. STREET ADDRESS (If rural, give location) <u>Paplar Street 5</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CURTIS</u> b. (Middle) <u>HAROLD</u> c. (Last) <u>HAYES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24, 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>()</u>		8. DATE OF BIRTH <u>Aug. 23, 1949</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>East Prairie, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Andrew C. Hayes</u>			13b. MOTHER'S MAIDEN NAME <u>Marjorie Lois Myers</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Andrew C. Myers</u>		ADDRESS <u>East Prairie, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial disease Heart</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7:00</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>August 14, 1949</u> to <u>Aug 24, 1949</u> that I last saw the deceased alive on <u>Aug 24, 1949</u> , and that death occurred at <u>11:30 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>A. J. Martin, M.D.</u> (Degree or title)				23b. ADDRESS <u>East Prairie MO</u>		23c. DATE SIGNED <u>9-5-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>W. O. W. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>East Prairie MO</u>		
DATE REC'D BY LOCAL REG. <u>Sept 9, 1949</u>		REGISTRAR'S SIGNATURE <u>Anna Harper</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Frank Shelly</u>		ADDRESS <u>East Prairie</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Frank Shelby*.....

Licensed Embalmer No. *2726*.....

P. O. Address *East Prairie, 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.