

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30847**

FILED OCT 10 1949

BIRTH NO. _____ REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 4253 Registrar's No. 15

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1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Fresno</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chilhowee</u>		c. LENGTH OF STAY (In this place) <u>4 months</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Orange Cove</u>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ORA</u> b. (Middle) <u>ALTHEA</u> c. (Last) <u>HAYES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 15, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Jan 25, 1906</u>		9. AGE (In years last birthday) <u>43</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>20</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Henry Co, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George W McQuitty</u>		13b. MOTHER'S MAIDEN NAME <u>Heneritta Hanna</u>		14. NAME OF HUSBAND OR WIFE <u>Earl Monroe Hayes</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-14-0037</u>		17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>George McQuitty, Chilhowee, Mo</u>	
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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>Carcinoma of uterus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>1 year</u> <u>174X</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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 June 10, 1949 to Sept 15, 1949, that I last saw the deceased alive on 9-10-49, and that death occurred at 8:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. James H. Wadsworth</u>		23b. ADDRESS <u>Warrensburg, Mo</u>		23c. DATE SIGNED <u>9-15-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/17/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carville</u>		24d. LOCATION (City, town, or county) (State) <u>near Chilhowee, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>9-17-49</u>		REGISTRAR'S SIGNATURE <u>Mamie D. Baker</u>		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>H.O. Coak, Chilhowee, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1949

OCT 10 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.....

Licensed Embalmer No. 4335

P. O. Address Chilhowe, N

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.