

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32660**

FILED OCT 4 1949

BIRTH NO. _____ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **6092** Registrar's No. **190**

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| 1. PLACE OF DEATH a. COUNTY Saline | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Saline | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Marshall, Township | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Rural Township | |
| c. LENGTH OF STAY (in this place) 30 Days | | d. STREET ADDRESS (If rural, give location) 10 miles S. of Marshall, Mo. Saline County Home | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) C. c. (Last) Hayes | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1949 | | |
|---|--|--|--|--|--|

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|--------------------|-------------------------------|---|---------------------------------------|---|--|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Oct. 17, 1875 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months II Days 8 | IF UNDER 2 HRS. Hours - Min. - |
|--------------------|-------------------------------|---|---------------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone mason | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Thomas Hayes | 13b. MOTHER'S MAIDEN NAME Laura Street | 14. NAME OF HUSBAND OR WIFE ----- |
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|---|-------------------------------------|---|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Frank Campbell | ADDRESS Independence, Mo. |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERNAL BETWEEN RES. AND DEATH 9/24/49 |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arterial Sclerosis | | |
| | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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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) |
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| | | |
|--|--|----------------------------|
| 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 **Sept 4, 1949**, to **Sept 25, 1949**, that I last saw the deceased alive on **Sept 24, 1949** and that death occurred at **4 A. M.**, from the causes and on the date stated above.

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|---|------------------------------|---------------------------------|
| 23a. SIGNATURE [Signature] (Degree or title) | 23b. ADDRESS Missouri | 23c. DATE SIGNED 9/26/49 |
|---|------------------------------|---------------------------------|

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|---|---------------------------------|---|--|
| 24a. BURIAL CREMATION REMOVAL (Specify) Burial | 24b. DATE Sept. 26, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery | 24d. LOCATION (City, town, or county) (State) Marshall, Mo. |
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| DATE REC'D BY LOCAL REG. Sept. 26-1949 | REGISTRAR'S SIGNATURE Sidney F. Gray 385 | 25. FUNERAL DIRECTOR'S SIGNATURE Campbell | ADDRESS Marshall Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADEING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED OCT 3

District Health Officer No. 8,

District File Number.....

Date Filed 10-3-49

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.....

Amos N. Lewis

Licensed Embalmer No.

4709

P. O. Address.....

Marshall, 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.