

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34492

State File No.

FILED NOV 15 1949

BIRTH NO.		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>4352</u>		Registrar's No. <u>44</u>		
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>		c. LENGTH OF STAY (in this place) <u>10yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>		71		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. Monroe</u>				d. STREET ADDRESS (If rural, give location) <u>N. Monroe</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u>			b. (Middle) <u>F.</u>		c. (Last) <u>Hayes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 15, 1872</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>19</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Monroe Hayes</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah M. Hudson</u>		14. NAME OF HUSBAND OR WIFE <u>Rosie Allee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Allee</u> ADDRESS <u>Versailles, 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>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arteriosclerosis, generalized many years</u>				
				DUE TO (c) <u>Hypertension</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4201</u>		
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)				
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 <u>July 1949</u> , to <u>Nov 4, 1949</u> , that I last saw the deceased alive on <u>Nov 4, 1949</u> , and that death occurred at <u>9:20 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Ruth Kauffman, M.D.</u> (Degree or title)				23b. ADDRESS <u>Versailles, Mo.</u>		23c. DATE SIGNED <u>11-6-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Morgan Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov 8-1949</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn</u> 214		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Kidwell</u> ADDRESS <u>Versailles, Mo.</u>				

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

RECEIVED

District Health Officer No. 7

District File Number 10-49-134

Date Filed 11-14-49

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 *Raymond C. Parker*

Licensed Embalmer No. 4626

P. O. Address *Verisailles, 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.