

FILED NOV 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36698

State File No. _____

260

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> <u>26</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> <u>54</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>114-W-Elm</u>		d. STREET ADDRESS (If rural, give location) <u>114-W-Elm</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mathew</u> b. (Middle) <u>Hayden</u> c. (Last) <u>Hairmore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27, 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 23, 1892</u>	9. AGE (In years last birthday) <u>56</u>	if UNDER 1 YEAR Months <u>10</u> Days <u>34</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Gov.</u>	11. BIRTHPLACE (State or foreign country) <u>Linn, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joe Hairmore</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Matthews</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Hairmore</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, when or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>World I</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Martha Hairmore</u> <u>114-Address</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>45 00</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decomposition</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Bronchectasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tuberculosis</u> <u>Surge</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 16, 1949 to November 27, 1949, that I last saw the deceased alive on Nov 21, 1949 and that death occurred at 6:19 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.G. Bruce MD</u> (Degree or title)	23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>Nov 28</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov. 29, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fane</u>	24d. LOCATION (City, town, or county) (State) <u>Fane Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 29-49</u>	REGISTRAR'S SIGNATURE <u>R.P. Dorris MD-7R</u>	25. EMERALD DIRECTOR'S SIGNATURE <u>Linn Hairmore</u> ADDRESS <u>203 Jefferson</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Bruce 26
5
4

Bauer

10/16/67
10/1

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. 3641

P. O. Address Jms

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.