

FILED JAN 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 333

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Washington)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) Transit House	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 6,			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) JOSEPH	
		c. (Last) HAYWARD	
4. DATE OF DEATH (Month) (Day) (Year) 1 4 1950			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 4-13-1879
9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.	11. BIRTHPLACE (State or foreign country) St. Joseph, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Benjamin Hayward		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 498-24-7992	17. INFORMANT'S SIGNATURE OR NAME Ed. Hayward, 2331 So 10 City	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bronchial Asthma 2 Yrs DUE TO (c) Man was found dead on Lake Contrary Road. He had left a bus and walked a short distance, and apparently fell dead from acute heart failure. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. left a bus and walked a short distance, and apparently fell dead from acute heart failure.	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I viewed the deceased from 4/4 1950, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. F. Mundy M.D., Coroner		23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 1/5/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-6-1950	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
DATE REC'D BY LOCAL REG. Jan. 6 1950	REGISTRAR'S SIGNATURE E. G. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.	

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

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 \_\_\_\_\_

*Allan E. Bagan*

Student Embalmer No. *342*

working under my personal supervision.

Student *Allan E. Bagan*  
Student Embalmer

Signed

*John E. Rupp*  
Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.