

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED FEB 8 1950

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5976 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>FOLK</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>FOLK</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>	
c. LENGTH OF STAY (in this place) <u>33 years</u>		d. STREET ADDRESS (If rural, give location) <u>WALNUT GROVE #3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WALNUT GROVE #3</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FERN</u>	b. (Middle) <u>CRIT</u>	c. (Last) <u>HAYTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 3 1950</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>APRIL 17, 1896</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>16</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>CONSTRUCTION</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W. G. HAYTER</u>	13b. MOTHER'S MAIDEN NAME <u>CANSADA DODSON</u>	14. NAME OF HUSBAND OR WIFE <u>MADGE HAYTER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WORLD WAR I</u>	16. SOCIAL SECURITY NO. <u>488-16-4379</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BERNARD HAYTER</u> ADDRESS <u>WALNUT GROVE #3</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		<u>9 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) _____		<u>3 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PLEURAL EFFUSION</u>			<u>4201</u>
			<u>6 hours</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) (m.)	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 OCT. 1, 1939, to 2-3, 1950, that I last saw the deceased alive on 2/3, 1950, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. R. Davis D.O.</u>	23b. ADDRESS <u>Walnut Grove Mo.</u>	23c. DATE SIGNED <u>2/4/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEBRUARY 5, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT RIDGE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>FOLK CO. MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Feb 4, 1950</u>	REGISTRAR'S SIGNATURE <u>Ralph Horden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BRIM FUNERAL SERVICE</u> ADDRESS <u>WALNUT GROVE, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 9 1950
MAY 2 1950

RECEIVED

District Health Officer No. 7,

District File Number 1-50-41

Date Filed 2-7-50

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.

Signed _____

Clarence D. Robert

Signed _____

Student Embalmer

Licensed Embalmer No. 4005

P. O. Address Ch Grove 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.