

S. No. 300  
V. 10.48

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4337

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 20

0272

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville	
c. LENGTH OF STAY (In this place) 25 Yrs.		d. STREET ADDRESS (If rural, give location) 705 Locust St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION At Home, 705 Locust St.			

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) c. (Last) Hayes			4. DATE OF DEATH (Month) (Day) (Year) March 8 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	
8. DATE OF BIRTH 10-1898		AGE (In years last birthday) 57-58		9. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General Labor		11. BIRTHPLACE (State or foreign country) Liberty, Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Benjamin Hayes		13b. MOTHER'S MAIDEN NAME Delliash Deyer		14. NAME OF HUSBAND OR WIFE Dorothy Benefield Hayes.	
-----------------------------------	--	--	--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-07-1198		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Ora D. Hayes, Boonville, Mo.	
--	--	-------------------------------------	--	---	--

CAUSE OF DEATH Only one cause per line (a), (b), and (c) This does not mean the immediate cause, such as heart failure, asthma, or it means the disease, injury or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchogenic Carcinoma Lung 1 1/2 years</i>		INTERVAL BETWEEN ONSET AND DEATH 2 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>metastases to spine</i>		

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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *mar 7, 1950*, to *mar 8, 1950*, that I last saw the deceased alive on *mar 7, 1950*, and that death occurred at *5A m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. Chamberlain M.D.</i>		23b. ADDRESS <i>New Franklin mo</i>		23c. DATE SIGNED <i>3-10-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>March 11 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Fairview</i>	24d. LOCATION (City, town, or county) (State) <i>Liberty, Missouri.</i>	

DATE REC'D BY LOCAL REG. <i>Mar 10-1950</i>	REGISTRAR'S SIGNATURE <i>D. Cooper</i> 381	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Goodman &amp; Boller, Boonville, Missouri.</i>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 13  
District Health Officer No. 8.

District File Number \_\_\_\_\_  
Date Filed 3-14-50

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 \_\_\_\_\_

working under my personal supervision. myself Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed Walter E. Moyer

Licensed Embalmer No. 4492

P. O. Address Boonville, Missouri.

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Cooper } ss.

State File No. 4337J-0

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this ..... day of ....., 194....., before me appears .....

....., who, upon ..... oath, states that the original record of ~~birth~~ death  
for Fred Hayes died March 8, 1950, in the State of  
Missouri, and which was filed at Boonville on 3-10-50, 19....., should be corrected as follows:

Item No. 8 should read Jan. 10, 1893

Instead of Jan. 12, 1892

Item No. 9 should read 57

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant W. Cooper Relationship. ....

Local Registrar  
Present Address. ....

Subscribed and sworn to before me this 27th day of March, 1950

My Commission expires June 13, 1950 Hampshire Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.