

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5527

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4345 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY NEW MADRID.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NETTLEMS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MATTHEWS 0720	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) PAT b. (Middle) HAYDEN c. (Last) HAYDEN		4. DATE OF DEATH (Month) (Day) (Year) 2/27/50	
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 27-1895
9. AGE (In years last birthday) 53		# UNDER 1 YEAR Months	# UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boydsville ARK	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES HAYDEN	13b. MOTHER'S MAIDEN NAME VNK.	14. NAME OF HUSBAND OR WIFE FLORINCE HAYDEN
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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) NO.	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernest Hayden Reston Ark.
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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, asthma, 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) No Medical Attendant		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) By all record death DUE TO (c) man due to		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Myo carditis.		431X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leo Helgerson, Coroner	23b. ADDRESS New Madrid, Mo.	23c. DATE SIGNED 2/27/50
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24a. BURIAL, CREMATION, TOMB, REMOVAL (Specify) REMOVAL	24b. DATE 1/13/50	24c. NAME OF CEMETERY OR CREMATORY SALEM	24d. LOCATION (City, town, or county) (State) Boydsville ARK
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DATE REC'D BY LOCAL REG. 3-4-50	REGISTRAR'S SIGNATURE Helms Louis Jones	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richards Mutt. Co. New Madrid Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

730

RECEIVED MAR 6 1950
District Health Office No. 2
Number 350-16

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 *L. D. Halperin*

Licensed Embalmer No. *3803*

P. O. Address *New Madrid*

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.