

FILED JUN 5 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17445

State File No.

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 2041 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MACON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>MACON</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>MACON</u>	
c. LENGTH OF STAY (In this place) <u>1 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>228 S. ALLEN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SAMARITAN HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LYDIA</u> b. (Middle) <u>ALICE</u> c. (Last) <u>HAYWARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 15 1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>JUNE 4 1887</u>		9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR: Months <u>11</u> Days <u>11</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>APPLIANCE STORE</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	

13a. FATHER'S NAME <u>WILLIAM HEATER</u>		13b. MOTHER'S MAIDEN NAME <u>EASTER STEWARD</u>		14. NAME OF HUSBAND OR WIFE <u>ELMO HAYWARD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-18-2008</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethelyn Bartlett</u> ADDRESS <u>MACON, MO.</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Auto accident</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Head injury: Fracture left femur</u>			

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Macon Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 14 1950</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident</u>		

22. I hereby certify that I attended the deceased from 14 May, 1950, to 15 May, 1950, that I last saw the deceased alive on 14 May, 1950, and that death occurred at 7:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald E Eggleston M.D.</u>		23b. ADDRESS <u>Macon Mo.</u>		23c. DATE SIGNED <u>18 May 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. LION</u>	
24d. LOCATION (City, town, or county) (State) <u>MACON County Mo.</u>					

DATE REC'D BY LOCAL REG. <u>5/22/50</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		1855 FUNERAL DIRECTOR'S SIGNATURE <u>Stephen E. Gooding</u> ADDRESS <u>Macon, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1950
JUN 5

RECEIVED 6-2-50
MACON COUNTY HEALTH DEPARTMENT
County File No. 6-50-116
Date Filed 6-3-50

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.

Student _____
Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.