

No. 300
10.48

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26583**
Registrar's No. **777**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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

1. PLACE OF DEATH a. COUNTY CREWET		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Miller 0550	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) R # 2	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Springfield Baptist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Calvin c. (Last) Hays		4. DATE OF DEATH (Month) (Day) (Year) Sept 2, 1950	
5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 6, 1892
9. AGE (In years last birthday) 58		10. UNDER 1 YEAR Months 6 Days 26	11. BIRTHPLACE (State or foreign country) Indiana
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mrs Pearl Hays
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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. 374-07-6189	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Pearl Hays Miller Mo.
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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 443X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension severe		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (Min)	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 **28 Aug, 1950**, to **2 Sept, 1950**, that I last saw the deceased alive on **2 Sept, 1950**, and that death occurred at **12:15 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stanley S. Peterson M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 6 Sept 50.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 5, 1950	24c. NAME OF CEMETERY OR CREMATORY Ed Fellows Cemetery	24d. LOCATION (City, town, or county) (State) Mt. Vernon Mo.
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DATE REC'D BY LOCAL REG. 9-7-50	REGISTRAR'S SIGNATURE W E Handley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter J. Janssen Funeral Home Mt. Vernon Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 *James W. Wair*

Licensed Embalmer No. *4650*

P. O. Address *Mt. Vernon, 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.