

FILED SEP 14 1950 STANDARD CERTIFICATE OF DEATH

State File No. 274771

Registrar's No. 140

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 3040

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CALDWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHILLICOTHE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-DAVIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHILLICOTHE CITY HOSPITAL		d. STREET ADDRESS (If rural, give location) 2 MILES WEST BRAYMER	
3. NAME OF DECEASED (Type or Print) a. (First) RUBY b. (Middle) MAXINE c. (Last) HAYS		4. DATE OF DEATH (Month) (Day) (Year) July 3, 1950	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH FEB. 24, 1933
9. AGE (In years last birthday) 17		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HIGH SCHOOL STUDENT	11. BIRTHPLACE (State or foreign country) CALDWELL CO., MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME LESTER HAYS	
13b. MOTHER'S MAIDEN NAME NOLA PETREE		14. NAME OF HUSBAND OR WIFE SINGLE	
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. _____	
17. INFORMANT'S SIGNATURE OR NAME LESTER HAYS-BRAYMER, MO.		ADDRESS _____	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Thymic Lymphaticis ANTECEDENT CAUSES following other aortic aneurysm Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>		INTERVAL BETWEEN ONSET AND DEATH 5101	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Chillicothe Riv. Mo.	
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	
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 10-23-48 to July 3, 1950 , that I last saw the deceased alive on July 3, 1950 , and that death occurred at 9:40 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE R. M. Dowell, M.D. (Degree or title)		23b. ADDRESS Chillicothe, Mo.	
23c. DATE SIGNED 7/25/50		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE July 5, 1950		24c. NAME OF CEMETERY OR CREMATORY TINNEY'S GROVE	
24d. LOCATION (City, town, or county) (State) RAY CO., MISSOURI		DATE REC'D BY LOCAL REG. Aug-10-50	
REGISTRAR'S SIGNATURE Frances B Neill		71 25. FUNERAL DIRECTOR'S SIGNATURE Gene C. Michael - Braymer, Mo.	
ADDRESS _____		ADDRESS _____	

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



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 _____

Gene C. Michael

~~Signed _____~~

~~Student Embalmer~~

Licensed Embalmer No. *4340*

P. O. Address _____

Braymer, 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.