

FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32951

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Charlton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Charlton	
b. CITY (If outside corporate limits, write RURAL and give township) Salisbury		c. CITY (If outside corporate limits, write RURAL and give township) Salisbury Mo.	
c. LENGTH OF STAY (In this place) All Her Life		d. STREET ADDRESS (If rural, give location) 617 S. Weber	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 617 S. Weber			

3. NAME OF DECEASED (Type or Print) a. (First) Linda b. (Middle) Jewelene c. (Last) Hayes			4. DATE OF DEATH (Month) (Day) (Year) Oct. 27 1950		
5. SEX Female		6. COLOR OR RACE Black		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	
8. DATE OF BIRTH July 10-1949		9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months 3 Days 17		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Salisbury Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Carl Hayes		13b. MOTHER'S MAIDEN NAME Oleva Jackson		14. NAME OF HUSBAND OR WIFE	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oleva Hayes, Salisbury Mo.	

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) Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) pertussis		3 weeks	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ricketts and general mal nutrition		156/10	

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 Oct 21, 1950 to Oct 27, 1950, that I last saw the deceased alive on Oct 27, 1950 and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE F. L. Horns - MD.		23b. ADDRESS Salisbury Mo		23c. DATE SIGNED 10-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 29-1950		24c. NAME OF CEMETERY OR CREMATORY Dalton Mo. Cemetery	
24d. LOCATION (City, town, or county) (State) Dalton Mo.					

DATE REC'D BY LOCAL REG. 10-30-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Keytesville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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