

FILED NOV 28 1950

STANDARD CERTIFICATE OF DEATH

37918
State File No.

770

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

BIRTH NO. _____		REG. DIST. NO. <u>264</u>		PRIMARY REG. DIST. NO. <u>5894</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Gainesville, Mo. Rural</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gainesville, Mo. Rural - Pinecrick Twp</u>		0770	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark Co - Pinecrick Twp</u>				d. STREET ADDRESS <u>Ozark Co - Pinecrick Twp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELZTA</u>		b. (Middle) <u>ARTHUR</u>		c. (Last) <u>HAYES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov - 4 - 1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Sept-28-1922</u>	
9. AGE (In years last birthday) <u>28</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Rochelle Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Rochelle Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Herman Hayes</u>		13b. MOTHER'S MAIDEN NAME <u>Alma Post</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>376.18.4866</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Herman Hayes</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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Rheumatic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>	
		DUE TO (b) <u>20 yrs</u>		DUE TO (c) <u>4/6X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-15</u> , 1950, to <u>11-4</u> , 1950, that I last saw the deceased alive on <u>Nov 4</u> , 1950, and that death occurred at <u>11 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M J Soerman</u>				23b. ADDRESS <u>Gainesville, Mo</u>		23c. DATE SIGNED <u>11-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 7-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smith's Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ozark Co - Pinecrick Twp</u>	
DATE REC'D BY LOCAL REG. <u>11-7-50</u>		REGISTRAR'S SIGNATURE <u>William Cogswell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chinkinghard Funeral Home</u>		ADDRESS <u>Gainesville Mo</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 14 1950

Dist. File 1150 - 2303

Date Recd 11 - 27 - 50

68.2

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

Chuter a Roof

Licensed Embalmer No. 3044

P. O. Address Springville, 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.