

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40117**

FILED JAN 8 1951

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5267 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Christian County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Highlandville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Highlandville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rex</u>		b. (Middle) <u>E</u>	
		c. (Last) <u>Hayse</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>12 4 50</u>		5. SEX <u>M</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>8-2-1908</u>		9. AGE (In years last birthday) <u>42yr</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Salina, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Christian</u>	
13a. FATHER'S NAME <u>Colbert Hayse</u>		13b. MOTHER'S MAIDEN NAME <u>Stacie Scobbie Kellen Hayse</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Helen Hayes</u> 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES 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. <u>Nephritis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>11-23</u> , 19 <u>50</u> , to <u>12-4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-4-50</u> , 19 <u>50</u> , and that death occurred at <u>2:45</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Hazel Shaffer</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Highlandville, Mo.</u>	
23c. DATE SIGNED <u>12-5-50</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>Dec 7-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Highlandville</u>		24d. LOCATION (City, town, or county) (State) <u>Christian County, Mo.</u>	
DATE REC'D BY LOCAL REG <u>Dec-20-1950</u>		REGISTRAR'S SIGNATURE <u>Luetta Leonard</u> 59	
25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u>		ADDRESS <u>Osark, Mo.</u>	

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 3 1951

Dist. File 151-1

Date Filed 1-3-51

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.