

FILED MAR 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 4226

0264  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Jefferson City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Willow Fork</b>	
c. LENGTH OF STAY (In this place) <b>3 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>1 Mile South Tipton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Jennie</b> (Type or Print)			b. (Middle) <b>Thompson</b>			c. (Last) <b>Hays</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March, 6, 1951</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>March, 9, 1886</b>			9. AGE (In years last birthday) <b>64</b> OF UNDER 1 YEAR Months <b>11</b> Days <b>27</b> IF UNDER 24 HRS. Hour <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>				11. BIRTHPLACE (State or foreign country) <b>Tipton, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Huff</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Oscar R. Hays (Deceased)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>O. Douglas (Son) Tipton, Mo.</b> ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arterosclerotic Heart Disease</b>						<b>Unknown</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.							
		DUE TO (c)						<b>4500</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>adenoma of thyroid</b>						<b>Unknown</b>	

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 **2-12-**, 1951, to **3-6-**, 1951, that I last saw the deceased alive on **3-5-**, 1951, and that death occurred at **6:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Earl G. Lord M.D.</b> (Degree or title)		23b. ADDRESS <b>425 Madison Jeff. City, Mo.</b>		23c. DATE SIGNED <b>3-6-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal &amp; Burial</b>		24b. DATE <b>3/8/1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Tipton, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>March 6-1951</b>		REGISTRAR'S SIGNATURE <b>R.P. Davis M.D. - M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hays &amp; Painter - Tipton, Mo.</b>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED** 3-12-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 3-12-51

MAR 13 1951

**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, myself, by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Pepton E. Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, 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.