

FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4459

State File No.

0396

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place) lifetime		d. STREET ADDRESS (If rural, give location) 848 North Campbell Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 848 North Campbell Ave.,			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD	b. (Middle) JOHN	c. (Last) HAYDEN	4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 29, 1885
9. AGE (In years last birthday) 65	10. MONTHS 5	11. DAYS 28	IF UNDER 1 YEAR Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired plumber	10b. KIND OF BUSINESS OR INDUSTRY Plumbing	11. BIRTHPLACE (State or foreign country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.,
13a. FATHER'S NAME Thomas Hayden	13b. MOTHER'S MAIDEN NAME Tillie Brown	14. NAME OF HUSBAND OR WIFE Marie Hayden	
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Marie Hayden ADDRESS 848 N. Campbell Ave.	
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) Probably arterio-sclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH ? ANTECEDENT CAUSES heart disease 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	UNATTENDED BY A PHYSICIAN	
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) (Min.)	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>10</u> to <u>10</u> , that I last saw the deceased alive on <u>10</u> , and that death occurred at <u>1:30p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W.S. Handley M.D.		23b. ADDRESS Local Registrar Springfield, Missouri	23c. DATE SIGNED 2/28/1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/3/1951	24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
DATE REC'D BY LOCAL REG. 3-1-51	REGISTRAR'S SIGNATURE W.S. Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Klipsch-Thodenwin Inc. Springfield ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

MS
APR 27 1959

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4594

P. O. Address Springfield, 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.