

THE DIVISION OF HEALTH OF MISSOURI  
FILED MAR 21 1951 STANDARD CERTIFICATE OF DEATH

State File No. **7508**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **65**

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Columbia</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>R. F. D. # 4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Boone Co. Hospital</b>			
3. NAME OF DECEASED (First) <b>MOLLIE</b> (Type or Print)		b. (Middle) <b>HAYES</b> c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>March 9th 1951</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 30 1896</b>
9. AGE (in years last birthday) <b>54</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Lewis Warren</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Moore</b>	
14. NAME OF HUSBAND OR WIFE <b>Argyle Hayes</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>—</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Argyle Hayes</b>		ADDRESS <b>Columbia Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial decompensation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
DUE TO (b) <b>Hypertensive Cardiovascular disease</b>			<b>3-4 years</b>
DUE TO (c) <b>Chronic interstitial nephritis</b>			<b>443X</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>unk.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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 <b>Mar 2, 1951</b> , to <b>Mar 9, 1951</b> , that I last saw the deceased alive on <b>Mar 9, 1951</b> , and that death occurred at <b>7:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Maurice E. Logan M.D.</b>		23b. ADDRESS <b>Columbia Mo.</b>	
23c. DATE SIGNED <b>Mar 9, 1951</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-13-1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Log Producers</b>		24d. LOCATION (City, town, or county) (State) <b>Boone Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Mar. 12, 1951</b>		REGISTRAR'S SIGNATURE <b>31 Mrs. R.E. Palmer</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Stuart P. Parker</b>		ADDRESS <b>Columbia Mo.</b>	

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

RECEIVED 3-20-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 3-20-51

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, ~~only~~ \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Student Embalmer No. \_\_\_\_\_  
Signed *Stuart D. Parker*

Licensed Embalmer No. 2900

P. O. Address *Columbia, 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.