

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11758

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 18

130  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Braymer</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Braymer</u>	
c. LENGTH OF STAY (in this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>city limits</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>city limits</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>	b. (Middle) <u>S.</u>	c. (Last) <u>HAYS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 21 51</u>
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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>July 7, 1879</u>	9. AGE (In years last birthday) <u>71</u>	if UNDER 1 YEAR Months <u>8</u> Days <u>14</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ray Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Mortica Oliver Hays</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Susan Cook</u>	14. NAME OF HUSBAND OR WIFE <u>Mattie Moss Hays</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Smittay MacDonald</u>	ADDRESS <u>Braymer Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		many years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of mouth involving lower right gum margin</u>		many years Several months	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>42.01 H</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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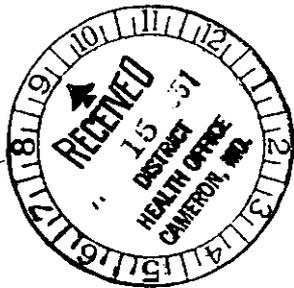
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 3-13, 1951, to 3-21, 1951, that I last saw the deceased alive on Mar 21, 1951, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Goldberg</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Braymer, Mo.</u>	23c. DATE SIGNED <u>3/22/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/23/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Black Oak</u>	24d. LOCATION (City, town, or county) <u>Caldwell Co., Mo.</u> (State) _____
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DATE REC'D BY LOCAL REG. <u>4-11-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene H. Michael</u>	ADDRESS <u>Braymer, Mo.</u>
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FEB 20 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, or by \_\_\_\_\_

~~Student Embalmer No. \_\_\_\_\_~~  
working under my personal supervision.

Signed Gene C. Michael

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

Licensed Embalmer No. 4340

P. O. Address Brauners, 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.