S. No. 300
. 10.48

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

FILED AUG 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26522

BIRTH NO. — REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3014 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY Dunklin 0252
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kennett
c. LENGTH OF STAY (In this place) 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pruett Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kennett 0352
d. STREET ADDRESS (If rural, give location) Pruett Street 0

3. NAME OF DECEASED (Type or Print)
a. (First) Millie
b. (Middle) Ann
c. (Last) Hayden

4. DATE OF DEATH (Month) Aug. (Day) 2, (Year) 1951

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept. 1, 1899
9. AGE (In years last birthday) 51 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Marion County, Tennessee
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME T. E. Holcomb
13b. MOTHER'S MAIDEN NAME Elizabeth Mitchell
14. NAME OF HUSBAND OR WIFE Oscar Lee Hayden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 498-24-4932
17. INFORMANT'S SIGNATURE OR NAME Oscar Lee Hayden, **ADDRESS** Kennett, Mo.

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) Carcinoma of liver & lungs — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of uterus — 5 yrs.

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 174X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 14th, 1951, *to* August 2, 1951, *that I last saw the deceased alive on* July 30, 1951, *and that death occurred at* 5:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Allen T. Christiancy (Degree or title) D.O.
23b. ADDRESS Box 26 Kennett, Mo.
23c. DATE SIGNED 8-3-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 4, 1951
24c. NAME OF CEMETERY OR CREMATORY Oak Ridge
24d. LOCATION (City, town, or county) Kennett, Mo (State)

DATE REC'D BY LOCAL REG. 8-4-51
REGISTRAR'S SIGNATURE Earl Husband
25. FUNERAL DIRECTOR'S SIGNATURE Paul Salmon **ADDRESS** Kennett, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 8-8-51

COUNTY FILE NUMBER 851-215

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 [illegible]

Licensed Embalmer No. 4636

P. O. Address [illegible] 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.