

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34351**

FILED OCT 15 1951  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **322**

0644

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

1. PLACE OF DEATH a. COUNTY <b>Marion Co</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Rall</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>2 Miles So Glasco Mo.</b>	d. STREET ADDRESS (If rural, give location) <b>0870 RR. 1</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clarence</b> b. (Middle) <b>A.</b> c. (Last) <b>Hayes</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 29, 1951</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>May 7, 1890</b>	9. AGE (In years last birthday) (Specify) Months Days Hours Min. <b>60 4 22</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Universal Pinner Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Mexico Mo</b>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <b>William H Hayes</b>		13b. MOTHER'S MAIDEN NAME <b>LUCIEY MULHORN</b>		14. NAME OF HUSBAND OR WIFE <b>Reulah Hayes</b>	
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Reulah Hayes Glasco, Mo</b>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b>  <b>4 years</b>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		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)
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?

22. I hereby certify that I attended the deceased from 10-10-47 1947, to 9-29-51, 1951, that I last saw the deceased alive on 12-30-50, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. Scum</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>100 N. Sixth, Hannibal, Mo.</b>	23c. DATE SIGNED <b>10-8-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-1-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grandview Burial Park Hannibal, Mo.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>10-11-51</b>	REGISTRAR'S SIGNATURE <b>Dr. E.M. Lucke</b>	189 25. FUNERAL DIRECTOR'S SIGNATURE <b>James O'Donnell</b>	ADDRESS <b>Hannibal</b>
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RECEIVED OCT 12 1951  
MARION CO. HEALTH DEPT.  
DATE FILED OCT 12 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Michael J. O'Donnell

Signed.....  
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hamilton

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.