No. 300
10.48

FILED NOV 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36656

State File No.

BIRTH NO. REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brunswick
c. LENGTH OF STAY (in this place) 32 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brunswick
d. STREET ADDRESS (If rural, give location) 1210

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

4. DATE OF DEATH (Month) (Day) (Year) 11-20-1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10-4-1893
9. AGE (In years last birthday) 58 | 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) Dentist
10b. KIND OF BUSINESS OR INDUSTRY Dentistry
11. BIRTHPLACE (State or foreign country) Madison Monroe Co MO
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George P. Hayden
13b. MOTHER'S MAIDEN NAME Maxy E. Swartz
14. NAME OF HUSBAND OR WIFE Kittie Todd Hayden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Kittie Hayden Brunswick, Mo.
ADDRESS

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Ischemia — 5 yrs.
DUE TO (c) Arteriosclerosis — 5 yrs.

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 4201
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* Nov. 2, 1951, *to* Nov. 20, 1951, *that I last saw the deceased alive on* Nov. 20, 1951, *and that death occurred at* 4 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE H. P. Fowler M.D.
(Degree or title)
23b. ADDRESS Brunswick Mo.
23c. DATE SIGNED 11-21-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 22, 51
24c. NAME OF CEMETERY OR CREMATORY Bunch Hill
24d. LOCATION (City, town, or county) (State) Madison, Monroe Mo

DATE REC'D BY LOCAL REG. Nov 22-51
REGISTRAR'S SIGNATURE Mildred Bowe 56
25. FUNERAL DIRECTOR'S SIGNATURE Fred A. Thompson
ADDRESS Madison Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 1 1951

Date Received: NOV 2 7 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-51-2
Date Filed: NOV 2 7 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.

Student .....
Student Embalmer

Signed Fred A Thompson

Licensed Embalmer No. 1420

P. O. Address Madison, W

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.