

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37904

State File No.

FILED DEC 6 1951

REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 139

510

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u> c. LENGTH OF STAY (in this place) <u>2 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Warrensburg Medical Center</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Rose Hill Township</u> d. STREET ADDRESS (If rural, give location) <u>Quick City, Missouri</u>		
3. NAME OF DECEASED a. (First) <u>Jacob</u> b. (Middle) <u>Ewin</u> c. (Last) <u>Hayes</u> (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25, 1951</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 24 1878</u>		
9. AGE (In years) <u>78</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS.: Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	
13a. FATHER'S NAME <u>Joseph Hayes</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Broyles</u>		14. NAME OF HUSBAND OR WIFE <u>Mollie Joe Hayes</u>	
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. <u>XXXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mollie Joe Hayes, Quick City, Mo</u>	
MEDICAL CERTIFICATION					
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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 <u>Several yrs.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>11-24-1951</u>, to <u>11-25-1951</u>, that I last saw the deceased alive on <u>11-25-1951</u>, and that death occurred at <u>49 m.</u>, from the causes and on the date stated above.					
23a. SIGNATURE <u>T. F. McKinney MD</u> (Degree or title)			23b. ADDRESS <u>Warrensburg Mo</u>		
23c. DATE SIGNED <u>11-26-51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/27/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holden, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 26, 1951</u>		REGISTRAR'S SIGNATURE <u>Savannah Hutchins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Canaday & Ropp, Holden, Missouri</u>	

RECEIVED
DEC 3 1951
RECEIVED
JOHNSON COUNTY HEALTH DE

YS JUL 16 1960

DEC 6 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.....

M. L. Canaday

Signed.....

Student Embalmer

Licensed Embalmer No. *3434*

P. O. Address *Holden, 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.