

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42629

FILED JAN 11 1952

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>4450</u>		Registrar's No. <u>248</u>			
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Doniphan</u>		c. LENGTH OF STAY (In this place) <u>8 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Doniphan</u>		<u>19/10</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>800 E Pine St. 0</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Myrtle</u>		b. (Middle) <u>Louise</u>		c. (Last) <u>Hayes</u>		
4. DATE OF DEATH		(Month) <u>Aug</u>		(Day) <u>21</u>		(Year) <u>1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 22, 1890</u>			
9. AGE (In years last birthday) <u>61</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>29</u>		11. BIRTHPLACE (State or foreign country) <u>Randolph County, Ark.</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>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY					
13a. FATHER'S NAME <u>Jess Gibson</u>			13b. MOTHER'S MAIDEN NAME <u>Ruby Louise Russell</u>			14. NAME OF HUSBAND OR WIFE <u>Chester 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chester Hayes - Doniphan Mo.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Arteriosclerotic heart disease</u> 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>8 hours</u> <u>6 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>							
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 <u>May 1899</u> , to <u>July</u> , 1951, that I last saw the deceased alive on <u>July 21, 1951</u> , and that death occurred at <u>8:00</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Paul Johnson D.M.A.</u>				23b. ADDRESS		23c. DATE SIGNED <u>12/10/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 24, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Johnson Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>13-10-51</u>		REGISTRAR'S SIGNATURE <u>P. Johnson 277</u>		FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Edwards</u>		ADDRESS <u>Doniphan, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 *George R. Kerby*

Licensed Embalmer No. *4752*

P. O. Address *Doniphan 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.