U.S. No. 300
Rev. 10.48

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

FILED JAN 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2099

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5816 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Richland Twp.
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 miles N.E. Florence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Richland Twp. 04 P.C.
d. STREET ADDRESS (If rural, give location): 2 miles N.E. Florence

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Henry
c. (Last): Hays

4. DATE OF DEATH (Month) (Day) (Year): Jan. 18, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 10, 1878
9. AGE (In years last birthday): 73 — If under 1 year: Months 10, Days 8 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: John Hays
13b. MOTHER'S MAIDEN NAME: Nancy Sodders
14. NAME OF HUSBAND OR WIFE: Lizzie Hays

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Lizzie Hays — **ADDRESS**: Florence, 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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Mitral Stenosis
DUE TO (c) Rheumatic Fever

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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? 410 X

22. *I hereby certify that I attended the deceased from* 11-20, 1950, *to* 1-18, 1952, *that I last saw the deceased alive on* 1-18, 1952 *and that death occurred at* 2:05A m., *from the causes and on the date stated above.*

23a. SIGNATURE F. W. Johnson M.D. (Degree or title)
23b. ADDRESS Atterville Mo
23c. DATE SIGNED 1-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Florence Cemetery
24d. LOCATION (City, town, or county) (State): Florence, Missouri

DATE REC'D BY LOCAL REG.: Jan. 26, 1952
REGISTRAR'S SIGNATURE: Mrs L. Ripperger 212-0
25. FUNERAL DIRECTOR'S SIGNATURE: J. R. Stevinson
ADDRESS: Stover, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 28 1952
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed JAN 28 1952

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 J. L. Stevinson
Licensed Embalmer No. 4073
P. O. Address Stover, 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.