

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 03122

492
Thompson

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

FILED MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 347

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If information furnished before death, give that residence.) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>0730</u>	
c. LENGTH OF STAY (In this place) <u>1 Mo</u>		d. STREET ADDRESS (If rural, give location) <u>GRANBY PFD. #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>102 So. ROANE ST</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAGGIE</u> b. (Middle) <u>HAYWORTH</u> c. (Last) <u>HUTCHENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 31. 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>DEC. 2, 1861</u>	9. AGE (In years last birthday) <u>90</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>CAROLINA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>WILLIAM HAYWORTH</u>	13b. MOTHER'S MAIDEN NAME <u>MARY SPENCER</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GUY PATTERSON</u> ADDRESS <u>GRANBY Mo. P#2</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>1 month</u> <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congestive heart failure</u> DUE TO (c) <u>cardiovascular renal disease</u>		
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 _____	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) <u>442X</u>
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 12-24, 1951, to 1-30, 1952, that I last saw the deceased alive on 1-30, 1952, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thompson</u>	23b. ADDRESS <u>Webb City, Mo</u>	23c. DATE SIGNED <u>2/11/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-3-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HAZEL GREENLEM</u>	24d. LOCATION (City, town, or county) (State) <u>NEWTON Co. MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>Feb 26-52</u>	REGISTRAR'S SIGNATURE <u>J. L. Hutchett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barley Thompson</u> ADDRESS <u>Newton Mo.</u>	

RECEIVED 2-4-52

Jasper County Health Office

County File Number 52/3/164

Date Filed 2-4-52

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

Robert L. Souter

Signed.....

Student Embalmer

Licensed Embalmer No. 4782

P. O. Address. Neosho, 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.