

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 9178

FILED APR 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>4338</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>MONROE CITY</u>		c. LENGTH OF STAY (In this place) <u>8 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MONROE CITY</u> <u>0690</u>		d. STREET ADDRESS (If rural, give location) <u>416 So LOCUST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>416 So LOCUST</u>				d. STREET ADDRESS (If rural, give location) <u>416 So LOCUST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>HAYS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 8 1952</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOVEMBER 29<sup>th</sup> 1868</u>	
9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>4</u>		11. BIRTHPLACE (State or foreign country) <u>Monroe County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING RET.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Monroe County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph B. HAYS</u>			13b. MOTHER'S MAIDEN NAME <u>MARY LEAKE</u>		14. NAME OF HUSBAND OR WIFE <u>FRANCES C. HAYS</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>492-28-1838</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J E Hays</u>			ADDRESS <u>Monroe City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs.</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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>422-2</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>4-5</u> , 19 <u>52</u> , to <u>4-8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-7</u> , 19 <u>52</u> , and that death occurred at <u>4 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F. N. Summons, D.O.</u>				23b. ADDRESS <u>Monroe City, Mo.</u>		23c. DATE SIGNED <u>4-8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-10-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST STEVENS Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-9-52</u>		REGISTRAR'S SIGNATURE <u>Elsie Robertson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON &amp; SONS</u>			
				ADDRESS <u>MONROE CITY, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0690

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed Leslie L. Wilson

Signed .....  
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.