

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19712

State File No. ....

FILED JUN 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 181

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cape Girardeau</u>                                       |  | 2. USUAL RESIDENCE (Where deceased lived, or institution residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>JACKSON</u>  |  |
| c. LENGTH OF STAY (In this place) <u>3 days</u>  |  | d. STREET ADDRESS (If rural, give location)  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.E. Mo. Hospital</u>                           |  |  |  |

|                                     |                        |                         |                       |   |
|-------------------------------------|------------------------|-------------------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Eula</u> | b. (Middle) <u>Tant</u> | c. (Last) <u>HAYS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1952</u> |
|-------------------------------------|------------------------|-------------------------|-----------------------|---|

|                 |                           |   |                                      |   |                             |                            |
|-----------------|---------------------------|---|--------------------------------------|---|-----------------------------|----------------------------|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 8 1872</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. |
|-----------------|---------------------------|---|--------------------------------------|---|-----------------------------|----------------------------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
|--|-----------------------------------|---|--|

|                                     |  |   |
|-------------------------------------|--|---|
| 13a. FATHER'S NAME <u>Jack Tant</u> | 13b. MOTHER'S MAIDEN NAME <u>Not known</u> | 14. NAME OF HUSBAND OR WIFE <u>Dr. T.W. Hays (Deceased)</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 <u>Mrs Dick Clippard - Jackson Tenn</u> | ADDRESS |
|--|-------------------------------------|---|---------|

|   |   |         |  |
|---|---|---------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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>auricular fibrillation</u>  |         | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____ |         |  |
|   | DUE TO (c) _____  |         |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>General debility, arteriosclerosis.</u>  |   | 20 yrs. |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 May 10, 1951, to June 16, 1952, that I last saw the deceased alive on June 15, 1952 and that death occurred at 5:25 AM, from the causes and on the date stated above.

|  |                                  |                                       |
|--|----------------------------------|---------------------------------------|
| 23a. SIGNATURE <u>J. N. Jager M.D.</u> (Degree or title) | 23b. ADDRESS <u>Jackson, Mo.</u> | 23c. DATE SIGNED <u>June 17, 1952</u> |
|--|----------------------------------|---------------------------------------|

|   |                                |   |  |
|---|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 17, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u> |
|---|--------------------------------|---|--|

|   |  |  |                            |
|---|--|--|----------------------------|
| DATE REC'D BY LOCAL REG. <u>6-17-52</u> | REGISTRAR'S SIGNATURE <u>T. C. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>McDonald ...</u> | ADDRESS <u>Jackson Mo.</u> |
|---|--|--|----------------------------|

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

0164  
0

AUG 27 1952

AUG 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Thos K. Allen*

Signed.....

Student Embalmer

Licensed Embalmer No. *4055*

P. O. Address *Jackson*

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.

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