

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20042

State File No. _____
Registrar's No. _____

FILED JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185

0360

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair - 0360</u>		c. LENGTH OF STAY (in this place) _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair - Mo 0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Clair - Mo</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED a. (First) <u>Georgia</u> b. (Middle) <u>Ann</u> c. (Last) <u>Hayes</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>11-21-52</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>6-22-1878</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>29</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework - At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo.</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James C. Hedges</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Estes</u>		14. NAME OF HUSBAND OR WIFE <u>John -</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) <u>Mo</u>	16. SOCIAL SECURITY NO. <u>Mo</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alice Harmon</u> <u>St. Clair - Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer - Stomach</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) _____			<u>6 months</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Vascular hypertension 2 yrs.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. <u>151X</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 Jan - 1952 to 11-21-1952 that I last saw the deceased alive on 11-21-1952 and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Mitchell M.D.</u>	23b. ADDRESS <u>St. Clair - Mo</u>	23c. DATE SIGNED <u>11-22-</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-24-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	24d. LOCATION (City, town, or county) (State) <u>St. Clair - Mo</u>

DATE REC'D BY LOCAL REG. <u>5-22-52</u>	REGISTRAR'S SIGNATURE <u>B. L. Worthington</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Samuel White</u>
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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 *Hermond W. Mitchell*

Licensed Embalmer No. 3873

P. O. Address H. Clair, 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.