

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20109

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>631</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> <i>0376</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>32 years</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>611 State Street</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <i>0</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUSTA</u>		b. (Middle) <u>ANGELINE</u>		c. (Last) <u>HAYES</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <i>2</i>	
8. DATE OF BIRTH <u>3 March 1870</u>		9. AGE (In years last birthday) <u>82</u>		# UNDER 1 YEAR Months _____ Days _____	
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 <u>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County, Ohio /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Abel Phillips</u>			
13b. MOTHER'S MAIDEN NAME <u>Rebecca Williamson</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. Wm. H. Hayes, M.D.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A.R. VanMatre, Springfield, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis generalised.</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. <u>None fracture Rt Hip</u>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>24 June 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Same as //</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.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield, Boone, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 23 52 7A m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall while walking thru house</u>	
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>49</u> , to <u>25 June, 1952</u> , that I last saw the deceased alive on <u>18 June, 1952</u> , and that death occurred at <u>6:00P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) <u>Stanley S. Peterson M.D.</u>		23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>27 June 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>28 June 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lath Branch Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ft. Scott, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Thomas, Springfield, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>627-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		ADDRESS _____	

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

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OCT 22 1952

STATEMENT BY LICENSED EMBALMER

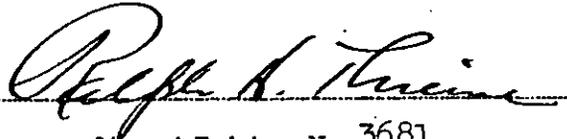
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.