

FILED AUG 13 1952

## STANDARD CERTIFICATE OF DEATH

State File No. 23601

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 4039 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Benton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lincoln</b>		c. LENGTH OF STAY (in this place) <b>1 yr</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lakeside Resort</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lincoln</b>	
		d. STREET ADDRESS (If rural, give location) <b>Lakeside Resort</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b> b. (Middle) <b>FRANKLIN</b> c. (Last) <b>HAYES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 31, 1952</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 17, 1893</b>
9. AGE (In years last birthday) <b>58</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Conductor</b>	
11. BIRTHPLACE (State or foreign country) <b>Springfield, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>J.W. Hayes</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Deering</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Mary E. Hayes</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary E. Hayes, Lincoln, Mo.</b> ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer Stomach Liver &amp; Pancreas</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Stomach ulcer</b> DUE TO (c) <b>✓</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>5-21-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Generalized Metastases</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>no</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>✓</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>✓</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>✓</b>			
22. I hereby certify that I attended the deceased from <b>4-11-1952</b> , to <b>7-30-1952</b> , that I last saw the deceased alive on <b>7-30-1952</b> , and that death occurred at <b>2:27 m.</b> , from the causes and on the date stated above. <b>7-31-52</b>			
23a. SIGNATURE <b>L.A. Marty, M.D.</b> (Degree or title)		23b. ADDRESS <b>Lakeview Heights Mo</b>	
23c. DATE SIGNED <b>8-1-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Aug. 2, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Schubert</b> ADDRESS <b>Sedalia, Mo</b>	
DATE REC'D BY LOCAL REG. <b>Aug 3, 1952</b>		REGISTRAR'S SIGNATURE <b>82 Eickhoff 394-</b>	

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME

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

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AUG 14 1932

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.