

STANDARD CERTIFICATE OF DEATH

State File No. **23645**

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **5120** Registrar's No. **183**

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BOONE	
b. CITY (If outside corporate limits, write RURAL and give township) COLUMBIA RURAL		c. CITY (If outside corporate limits, write RURAL and give township) COLUMBIA	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) ROUTE 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2			

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) LEE c. (Last) HAYS			4. DATE OF DEATH (Month) (Day) (Year) JULY 15 1952		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH NOV 30 1858		9. AGE (In years last birthday) 93		IF UNDER 1 YEAR: Months 7 Days 15 IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) KNOX CO MO.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME CHARLES HAYS		13b. MOTHER'S MAIDEN NAME JULIA LITTLE		14. NAME OF DECEASED'S WIFE SAMARIA HAYS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME MRS WILLARD PERSINGER	
				ADDRESS COLUMBIA	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon				
		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 none		19b. MAJOR FINDINGS OF OPERATION 153X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none		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 **Oct 1951**, to **July-15, 1952** that I last saw the deceased alive on **July-13 1952** and that death occurred at **8:30A, m.**, from the causes and on the date stated above.

23a. SIGNATURE F. C. Duggitt M.D.		(Degree or title)		23b. ADDRESS Columbia Mo	
				23c. DATE SIGNED 7-16-52	

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE JULY 17-52		24c. NAME OF CEMETERY OR CREMATORY Johnson cemetery	
				24d. LOCATION (City, town, or county) (State) ENGLEWOOD MO	

DATE REC'D BY LOCAL REG. July 16 1952		REGISTRAR'S SIGNATURE Mrs R. E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE WILLETT FUNERAL HOME	
				ADDRESS Advent	

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

Autopsy

VS JUN 12 1961

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 *R. Purcell* _____

Licensed Embalmer No. *3183* _____

P. O. Address *Columbia 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.