

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28998

FILED SEP 9 - 1952

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 5942		Registrar's No. 165			
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0819		Rolla			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Mi. SW Rolla. Newburg Mo., Route No. 3				d. STREET ADDRESS (If rural, give location) 4 Mi. SW Rolla. Newburg Mo., Route No. 3					
3. NAME OF DECEASED (Type or Print)		a. (First) JAMES		b. (Middle) ALBERT		c. (Last) HAYES			
4. DATE OF DEATH		Aug. 31, 1952							
5. SEX Male <u>0</u>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>2</u>		8. DATE OF BIRTH Sept. 24, 1873			
9. AGE (In years last birthday) 78		10. MONTHS 20		11. DAYS 8		12. HOURS 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Maries County Missouri			
12. CITIZEN OF WHAT COUNTRY? USA									
13a. FATHER'S NAME Albert Hayes			13b. MOTHER'S MAIDEN NAME Jane			14. NAME OF HUSBAND OR WIFE Amanda Alice Hayes.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. xx		17. INFORMANT'S SIGNATURE OR NAME Roy Hayes, Route 3, Newburg Mo., 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis, acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterios - Sclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 10 months	
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)		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 <u>June, 1952</u> , to <u>Aug, 1952</u> , that I last saw the deceased alive on <u>1 Aug, 1952</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Y. V. White M.D.</u> (Degree or title)				23b. ADDRESS <u>Rolla, Mo.</u>		23c. DATE SIGNED <u>6 Sept 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>Sept. 2, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miller Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>NW of Rolla Phelps Mo.,</u>			
DATE REC'D BY LOCAL REG. <u>Sept. 1, 1952</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Hill</u> ADDRESS <u>Rolla, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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Phelps County Health Officer,

County File Number _____

Date Filed 9-9-52

9-9-52

SEP 11 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

S. B. Russell

Licensed Embalmer No.

2297

P. O. Address

Rolla 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.