

FILED OCT 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32627

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>6043</u>		Registrar's No. <u>824</u>			
1. PLACE OF DEATH a. COUNTY <u>Ripley-home of Abe Hayes</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington</u>		<u>1910</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>7 mi. no. Naylor, MO.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Narcissus</u>			b. (Middle)		c. (Last) <u>Hayes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1 8:1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3/17/1872</u>		9. AGE (In years last birthday) <u>80</u> If under 1 year: Months <u>0</u> Days <u>17</u> Hours <u>0</u> Min. <u>0</u>	
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		11. BIRTHPLACE (State or foreign country) <u>Advance, MO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Revelle</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Hanabel Hayes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Julia Churchill R#5 Poplar Bluff Mo</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>return Bronchitis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		20. AUTOPSY? <u>5021</u>			
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>Sept 27, 1952</u> , to <u>Sept 27, 1952</u> , that I last saw the deceased alive on <u>9-28, 1952</u> , and that death occurred at <u>4 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Disease or title) <u>Walter R. Rive M.D.</u>				23b. ADDRESS <u>Poplar Bluff Mo</u>			23c. DATE SIGNED <u>Oct 3</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10/4/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gumm</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley Co Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-7-52</u>		REGISTRAR'S SIGNATURE <u>W.S. Johnston 277</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gish Funeral Home, Naylor, Mo.</u>				

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

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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 *Susan McCord*

Licensed Embalmer No. *4079*

P. O. Address *May 1st 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.