S. No. 300
v. 10-48

FILED OCT 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36015

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 4443 Registrar's No. 62

880
1

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

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Huntsville
c. LENGTH OF STAY (in this place): 5 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ——

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ronoak 0880
d. STREET ADDRESS (If rural, give location): ——

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Jackson c. (Last) Hayes

4. DATE OF DEATH (Month) (Day) (Year): 10-21-1952

5. SEX: male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: June 6-1884
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): caretaker of cemetery
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): 9
12. CITIZEN OF WHAT COUNTRY?: ——

13a. FATHER'S NAME: Robert Hayes
13b. MOTHER'S MAIDEN NAME: Ellen Parks
14. NAME OF HUSBAND OR WIFE: Daisy Blackwell Hayes

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Howard Burton — ADDRESS: Huntsville Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arterio sclerosis — 10 yrs
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
19b. MAJOR FINDINGS OF OPERATION: none 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 2, 1944, *to* Oct 20, 1952, *that I last saw the deceased alive on* Oct 20, 1952, *and that death occurred at* 10 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. V. Dreyer MD
23b. ADDRESS: Huntsville Mo
23c. DATE SIGNED: 10/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 10/23/1952
24c. NAME OF CEMETERY OR CREMATORY: Ronoak Cemetery
24d. LOCATION (City, town, or county) (State): Ronoak Missouri

DATE REC'D BY LOCAL REG.: 10-23-52
REGISTRAR'S SIGNATURE: Mrs D A Bavon Lark 2707
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] — ADDRESS: Madison Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed [illegible]

Licensed Embalmer No. 2282

P. O. Address [illegible]

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.