

No. 300
10-48

NOV 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39779**

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 5983		Registrar's No. 135	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville, Mo Rural		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville, Missouri		d. STREET ADDRESS (If rural, give location) Rural Rt. 0850	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) Rural Rt. 0850			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Mott		c. (Last) Hayes		4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 22, 1867		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 10 Days 14	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J.S. Hayes		13b. MOTHER'S MAIDEN NAME Opal M. Emery		14. NAME OF HUSBAND OR WIFE Martha Lang			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charles L. Hayes Rural ADDRESS Waynesville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease 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 1 year 10 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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) (Min.) _____	
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 Nov 4, 1952 to Nov 4, 1952 , that I last saw the deceased alive on Nov 4, 1952 , and that death occurred at 4:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE R.D. Messer, M.D. (Degree or title)				23b. ADDRESS Waynesville, Mo.		23c. DATE SIGNED Nov 8 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 6/52	24c. NAME OF CEMETERY OR CREMATORY Hooker Cemetery		24d. LOCATION (City, town, or county) (State) Waynesville, Mo Rural		
DATE REC'D BY LOCAL REG. 11-8-52		REGISTRAR'S SIGNATURE Charles L. Hayes		25. FUNERAL DIRECTOR'S SIGNATURE Walter J. Cracker ADDRESS Mo			

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

RECEIVED 11-8-52
Pulaski County Health Officer
File Number
Date Filed 11-15-52

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

Student Embalmer No. _____
Signed *Walter J. Hedges*
Licensed Embalmer No. *4265*
P. O. Address *Keosauqua, 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.