

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3197

State File No. _____

FILED FEB 3 1953

0644

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kentucky b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mayfield, 8160	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5626 St. Louis, Ave		d. STREET ADDRESS (If rural, give location) 8	
3. NAME OF DECEASED (Type or Print) a. (First) STEPHEN b. (Middle) ALBERT c. (Last) HAYDEN			4. DATE OF DEATH (Month) (Day) (Year) 1-19-1953
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 21, 1873
9. AGE (In years last birthday) 79		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 48 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired;		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Hickman County, Kentucky,
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Leo Hayden.	
13b. MOTHER'S MAIDEN NAME Louise Booker Burgess.		14. NAME OF HUSBAND OR WIFE Theresa E. Hayden.	
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 Ross Hayden, 5626 St. Louis, Ave., St. Louis,		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Pulmonary edema acute 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.	
INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 18 hrs.			
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? 4222	
22. I hereby certify that I attended the deceased from 10 Jan 1953 , to 19 Jan 1953 , that I last saw the deceased alive on 19 Jan 1953 , and that death occurred at 2:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE R. Dworkin M.D. (Degree or title)		23b. ADDRESS 1657 So Grand Blvd	23c. DATE SIGNED 19 Jan 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-2--1953	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Mayfield, Kentucky.
DATE REC'D BY LOCAL REG. JAN 20 1953	REGISTRAR'S SIGNATURE Carl Smith M.D.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons: 7233 DELMAR BLVD.	

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

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.....

Daren A. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. *4011*

P. O. Address *St Louis 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.