

STANDARD CERTIFICATE OF DEATH

State File No. 6

FILED FEB 3 1953

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4315 Registrar's No. _____

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1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u> <u>1050</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELECTA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>HAYES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 28, 1953</u> <u>Nov 19 1878</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov 17 1878</u>	9. AGE (In years last birthday) <u>74</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	

13a. FATHER'S NAME <u>THOMAS RICHARD HILL</u>		13b. MOTHER'S MAIDEN NAME <u>MARV.E. YARDLEY</u>		14. NAME OF HUSBAND OR WIFE <u>CHAS. THOMAS 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>c</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas. J. Hayes</u> ADDRESS <u>Milan</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		DUE TO (b) <u>Dehydration & malnutrition</u>			<u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Chronic nephritis with uremia</u>			<u>8 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>carcinoma bladder - old fracture deformity right hip</u>				

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>592XH</u>			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 3-25-, 1950, to 1-28-, 1953, that I last saw the deceased alive on 1-28-, 1953, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph E. Prior, Jr.</u> (Degree or title)		23b. ADDRESS <u>217 E. Second St., Milan, Mo.</u>		23c. DATE SIGNED <u>1-30-53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Jan 31-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>	
24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. H. B. Harris</u>		ADDRESS <u>Milan</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 31-19 53</u>		REGISTRAR'S SIGNATURE <u>320-</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Edward Lewis</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3792

P. O. Address Melrose, 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.