

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

6803

State File No. \_\_\_\_\_

FILED MAR 6 - 1953

REG. DIST. NO. 198

PRIMARY REG. DIST. NO. 5721

Registrar's No. 170

0610

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Callao Rural</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Callao Rural</u>		0610
d. FULL NAME OF HOSPITAL OR INSTITUTION —			d. STREET ADDRESS (If rural, give location) —		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u>		b. (Middle) <u>HENRY</u>	c. (Last) <u>HAYES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-18-53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-29-06</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) <u>Callao Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William C. Hayes</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Haugster</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Hayes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME <u>Clara Hayes</u>		ADDRESS <u>Callao 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>Cerebral Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 day</u>	
	ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Carcinoma Bladder</u>			— <u>5 yrs.</u>	
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>181X</u>				
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 (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 <u>2/14</u> , 1953, to <u>2/18</u> , 1953, that I last saw the deceased alive on <u>2/18</u> , 1953, and that death occurred at <u>7-4</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Deputy title) <u>Clara Hayes</u>			23b. ADDRESS <u>Macon Mo.</u>		23c. DATE SIGNED <u>2/19/53</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Loquist Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Callao Mo</u>		
DATE REC'D BY LOCAL REG. <u>2/23/53</u>	REGISTRAR'S SIGNATURE <u>Josephine King</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Edwards</u>	ADDRESS <u>Shelby Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2.3.53  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 2.53 58  
Date Filed 2.4.53



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

*H. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Reviso Inc.*

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.