

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9594

State File No.

FILED APR 14 1953

BIRTH NO. 14598 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Henry</u> COUNTY <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Windsor, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joyce Kay Hayhurst</u>		b. (Middle) <u></u> c. (Last) <u></u>	
4. DATE OF DEATH <u>April 1st, 1953</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>March 27, 1953</u>	
9. AGE (In years last birthday) <u>5</u>		10. AGE (In years last birthday) <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Windsor, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clyde D. Hayhurst</u>		13b. MOTHER'S MAIDEN NAME <u>Norma Jane Long</u>	
14. NAME OF HUSBAND OR WIFE <u>Infant, Single</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Hayhurst, Leeton, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Condition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u>7544</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u></u>		22. I hereby certify that I attended the deceased from <u>3-27-1953</u> , to <u>4-1-1953</u> , that I last saw the deceased alive on <u>4-1-1953</u> , and that death occurred at <u>7:30A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Claude M. Thurber M.D.</u>		23b. ADDRESS <u>Windsor, Missouri</u>	
23c. DATE SIGNED <u>4-2-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-2-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek Cemetery Leeton, Missouri</u>	
24d. LOCATION (City, town, or county) (State) <u></u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. B. Banning</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 2-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	
ADDRESS <u>Warrensburg, Mo.</u>		(Licensed Embalmer's Statement on Reverse Side)	

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W. B. Zimmerman

Licensed Embalmer No. 33 77

P. O. Address Warrensburg, 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.