

FILED APR 7 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13047

BIRTH NO. 45 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Washington Mo</u>		c. CITY OR TOWN <u>Kansas City</u> 3008	
c. LENGTH OF STAY (In this place) <u>0-7-20</u>		d. STREET ADDRESS (If rural, give location) <u>unk - 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Linn Hosp # 3</u>			
3. NAME OF DECEASED a. (First) <u>Alice</u> b. (Middle) <u>Hayden</u> c. (Last) <u>Hayden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 26-1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>unk -</u>
9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR: Months <u>-</u> Days <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>unk - 9</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>unk.</u>		13b. MOTHER'S MAIDEN NAME <u>unk.</u>	
14. NAME OF HUSBAND OR WIFE			
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>unk.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hosp. Records</u>		ADDRESS <u>Nevada</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 Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Senility - psychosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</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 <u>Aug. 1952</u> , to <u>Mar. 26, 1953</u> , that I last saw the deceased alive on <u>Mar. 26, 1953</u> , and that death occurred at <u>10:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. R. Shraut</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Nevada Mo</u>	
23c. DATE SIGNED <u>3/26/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/27/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Merxco, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-3-53</u>		REGISTRAR'S SIGNATURE <u>Anna E. Foy</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody McElroy</u>		ADDRESS <u>451 W. 24th St. Kansas City, Mo</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 Gregory F. Milster

Licensed Embalmer No. 4805

P. O. Address Yonkers, 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.