

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13197

State File No. ....

FILED MAY 5 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo. <u>Wade</u></b>		b. COUNTY <b>Dade <u>Mo</u></b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lockwood <u>Lamar</u></b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lockwood</b>		c. LENGTH OF STAY (in this place) <b>2 1/2 mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>804 Broadway</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Cecila</b>			b. (Middle) <b>Jane</b>			c. (Last) <b>Hayzlett</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>april 28 1953</b>			
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>Dec. 8 1863</b>		9. AGE (In years Last birthday) <b>89</b>		if UNDER 1 YEAR Months <b>4</b>	if UNDER 24 Hrs. Hours <b>20</b>	if UNDER 2 Hrs. Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>house work</b>				11. BIRTHPLACE (State or foreign country) <b>barton co mo</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Anderw J. Hayzlett</b>			13b. MOTHER'S MAIDEN NAME <b>Matilda E. Hayzlett</b>			14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ruth McLemore Greenfield Mo.</b>		ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>old age</b>							
		DUE TO (c)							
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332 X</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <b>Lamar Barton Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 May 15, 1953, to 4-28, 1953, that I last saw the deceased alive on 4-28, 1953, and that death occurred at 6:55a m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. Guedner M.D.</b>		(Degree or title)		23b. ADDRESS <b>LAMAR</b>		23c. DATE SIGNED <b>4-29-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-30-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dudenville</b>		24d. LOCATION (City, town, or county) (State) <b>Dudenville, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>APR 29 1953</b>		REGISTRAR'S SIGNATURE <b>Marie Honan</b>		140		25. FUNERAL DIRECTOR'S SIGNATURE <b>W.R. Allison Greenfield Mo.</b>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5061  
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**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 W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Shenfield N

**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.