.300
.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 6 1953

State File No. 15287

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Waynesville, Mo Rural
c. LENGTH OF STAY (In this place) 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Waynesville, Mo Rural # 1
d. STREET ADDRESS (If rural, give location) Rural Route # 1 0850

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) Lamar
c. (Last) Hayes

4. DATE OF DEATH (Month) (Day) (Year) April 24, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 9, 1892
9. AGE (In years last birthday) 61 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Leon, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Mott Hayes
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Lena Elizabeth Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Lena Elizabeth Hayes **ADDRESS** Waynesville, Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH 5 years

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 177X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 19 50, *to* April 24, 19 53, *that I last saw the deceased alive on* April 27, 19 53 *and that death occurred at* 9:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE R. O. Dewitt (Degree or title) DO
23b. ADDRESS Waynesville, Missouri
23c. DATE SIGNED May 1 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 26/53
24c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery
24d. LOCATION (City, town, or county) (State) Crocker, Missouri

DATE REC'D BY LOCAL REG. 5-2-53
REGISTRAR'S SIGNATURE Eula Lee Anderson
25. FUNERAL DIRECTOR'S SIGNATURE Billy M. Hedges **ADDRESS** Hedges Funeral Home Waynesville, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-2-53
Pulaski County Health Officer
File Number
Date Filed 5-2-53

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 Clarence E Moser

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo

Signed .....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.