

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16942**

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax
c. LENGTH OF STAY (In this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Atchison
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) WILLIAM c. (Last) HAYES 4. DATE OF DEATH (Month) (Day) (Year) May 15, 1953

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Sept 14, 1877 9. AGE (In years last birthday) 75 8 2 1 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret'd farmer 10b. KIND OF BUSINESS OR INDUSTRY general farming 11. BIRTHPLACE (State or foreign country) Tenn 12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME Haywood Hayes 13b. MOTHER'S MAIDEN NAME Margaret Jane Staten 14. NAME OF HUSBAND OR WIFE Mollie Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME John Hayes ADDRESS Tarkio, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular flutter INTERVAL BETWEEN ONSET AND DEATH 5 minutes
ANTECEDENT CAUSES DUE TO (b) Myocardial infarction 10 days
DUE TO (c) Coronary occlusion
II. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic cardiovascular disease
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) (Minute) _____ 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 4/1/53, 1953, to 5/15/53, that I last saw the deceased alive on 5/15/53, and that death occurred at 8 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Niedermeyer M.D. 23b. ADDRESS Tarkio, Mo. 23c. DATE SIGNED 5/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5/17/53 24c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery 24d. LOCATION (City, town, or county) (State) Springfield, Missouri.

DATE REC'D BY LOCAL REG. 4/5/53 REGISTRAR'S SIGNATURE Marvin H. Schaefer 25. FUNERAL DIRECTOR'S SIGNATURE M. Davis ADDRESS Davis Funeral Home Tarkio, Mo.

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 _____

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.