

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18409
0313037

State File No. _____
Registrar's No. 234

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

495
3

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (in this place) 2 Yrs		d. STREET ADDRESS (If rural, give location) 218 Florida Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital D. O. A.			

3. NAME OF DECEASED (Type or Print) a. (First) Leon	b. (Middle) Pierson	c. (Last) Hayes	4. DATE OF DEATH (Month) (Day) (Year) 5-3-1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1, 1920	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman	10b. KIND OF BUSINESS OR INDUSTRY Electrical	11. BIRTHPLACE (State or foreign country) Marionville, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Pete Hayes	13b. MOTHER'S MAIDEN NAME Talona Flood	14. NAME OF HUSBAND OR WIFE Dorothy Jean Hayes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, state war or dates of service) World War # 2	16. SOCIAL SECURITY NO. 500-01-8753	17. INFORMANT'S SIGNATURE OR NAME Dorothy Jean Hayes	ADDRESS 218 Florida Joplin, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest due to high voltage electricity.		
	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 122	20. AUTOPSY? 691438 YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At work	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin Jasper Mo.
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21d. TIME OF INJURY 5/3/53 About 11 A.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? From high voltage electricity
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22. I hereby certify that I attended the deceased from 5/3/53 1953, to --D.O.A., 1953, that I last saw the deceased alive on 5/3/53, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS 410 Jackson, Joplin, Mo.	23c. DATE SIGNED 5/7/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-6-1953	24c. NAME OF CEMETERY OR CREMATORY Spring River Cemetery	24d. LOCATION (City, town, or county) (State) Verona, Missouri
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DATE REC'D BY LOCAL REG. 5-12-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Chornhill-Dillon Mortuary, Inc Joplin, Mo
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RECEIVED 5-19-53
Jasper County Health Office

County File Number 53-5-428

Date Filed 5-19-53

VS
SEP 6 1954

MAY 21 1953
FBI

FEB 18 1954

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 1770

P. O. Address Jasper, 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.