

ED JUN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21149

2300

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

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>5350</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>			
b. CITY OR TOWN <u>Rural - Lincoln</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Lincoln</u>		0300	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Hoyes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-9-53</u>				
5. SEX <u>M. O</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>Dec-13-1889</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Packing Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Macon Co. MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Richard J. Hoyes</u>		13b. MOTHER'S MAIDEN NAME <u>Martha - Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>ARVET Hoyes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>510-07-2957</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Arval Hoyes</u> ADDRESS <u>Urban, MO</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic poisoning</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cardio-vascular condition</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Sept 53, 19</u> , to <u>June 9, 1953</u> , that I last saw the deceased alive on <u>June 9, 1953</u> , and that death occurred at <u>2:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. L. Bailey 2nd</u>				23b. ADDRESS <u>Urban, MO</u>		23c. DATE SIGNED <u>June 10</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-11-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. MO</u>	
DATE REC'D BY LOCAL REG. <u>6/27/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Grace Petree Allen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen W. Sanghan</u>		ADDRESS <u>Urban, MO</u>	

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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.

Signed Allen W. Vaughan

Signed _____
Student Embalmer

Licensed Embalmer No. 4156

P. O. Address Urbana, 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.