

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23797

State File No.

S. No. 300
v. 10-48

FILED JUL 28 1953

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5017 Registrar's No. 32

0020
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1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Andrew Co. Empire Township</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>A MORE W</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Union Star.R.R.</u>	c. LENGTH OF STAY (In this place) <u>80 Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Union Star.Rural Empire.Tws.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Home</u>	d. STREET ADDRESS (If rural, give location) <u>7.Mi. N.W. of Union Star.</u>	<u>0020</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Stephen Lewis</u>	b. (Middle) <u>Hayden</u>	c. (Last) <u>Hayden</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7.17.1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12.26.1865</u>	9. AGE (In years last birthday) <u>87</u>	10. UNDER 1 YEAR Months <u>5</u>	11. UNDER 1 HOUR Days <u>22</u>	12. UNDER 1 MIN. Hours <u>22</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Beatrice Nebr.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Amos Hayden</u>	13b. MOTHER'S MAIDEN NAME <u>Clarison Mudge</u>	14. NAME OF HUSBAND OR WIFE <u>Etta</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John J. Meek</u>	ADDRESS <u>Union Star Mo. R.R.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> 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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from July 10, 1953, to July 17, 1953 that I last saw the deceased alive on July 17, 1953 and that death occurred at 1:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Jack H. Barntz</u>	(Degree or title) <u>Do.</u>	23b. ADDRESS <u>King City Mo</u>	23c. DATE SIGNED <u>7.20.53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7.20.1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flagspgs.</u>	24d. LOCATION (City, town, or county) (State) <u>Flagspgs. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-20-53</u>	REGISTRAR'S SIGNATURE <u>William Sparks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.H. Jaggard</u>	ADDRESS <u>King City Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *R. G. Tappat*

Licensed Embalmer No. 2563

P. O. Address King City 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.