

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

31057

State File No.

No. 300
10-48

FILED OCT 5 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1040</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>60 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2003 Jones Street</u>				d. STREET ADDRESS (If rural, give location) <u>2003 Jones Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>David</u> c. (Last) <u>Hayter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 23, 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>October 19, 1871</u>	
9. AGE (In years last birthday) <u>81</u>		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) <u>Ret. Box Maker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Box Mfg. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>White Cloud, Kansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>George Hayter</u>			13b. MOTHER'S MAIDEN NAME <u>Martha McGill</u>		14. NAME OF HUSBAND OR WIFE <u>Frieda Hayter</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-26-1355</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frieda Hayter</u> ADDRESS <u>St. Joseph, Mo.</u>			
MEDICAL CERTIFICATION							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Degenerative Disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Cerebral Hemorrhage with right Hemiplegia</u>					5 months
		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 _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>331X</u>			
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>9-16</u> , 19 <u>53</u> , to <u>9-23</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-22</u> , 19 <u>53</u> , and that death occurred at <u>6:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. F. Mundy, M.D.</u>				23b. ADDRESS <u>2801 Sacramento, St. Joseph, Mo.</u>		23c. DATE SIGNED <u>9/24/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 26, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 30, 1953</u>		REGISTRAR'S SIGNATURE <u>Bother M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Amiechroffer-Felsman</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 23 1954
1961 1 1 1962

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 Raymond W. Morehes

Licensed Embalmer No. 4813 Missouri.

P. O. Address St. Joseph, Missouri.

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.