

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38918**

FILED DEC 8 1953

BIRTH NO. _____

REG. DIST. NO. 142PRIMARY REG. DIST. NO. 4231Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Howell			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Mountain View, Mo)		c. LENGTH OF STAY (In this place) 32 yrs	c. CITY OR TOWN Mountain View, MO		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			e. STREET ADDRESS (If rural, give location) 0960 0		
3. NAME OF DECEASED (Type or Print)	a. (First) Albert	b. (Middle) Franklin	c. (Last) Hayes	4. DATE OF DEATH (Month) (Day) (Year) Nov, 28 1953	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1889	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Potometerist		10b. KIND OF BUSINESS OR INDUSTRY Mrrchant	11. BIRTHPLACE (City and State or Foreign Country) Falkin Mo		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John R Hayes		13b. MOTHER'S MAIDEN NAME Lizzie Roberts	14. NAME OF HUSBAND OR WIFE Anna Hays		
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. 	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Anna Hays Mount ain View, Mo		
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 wks	
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis				
	ANTECEDENT CAUSES DUE TO (b) Obesity + Diabetes Mellitus				
	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) 260X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 	21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 			
22. I hereby certify that I attended the deceased from Nov 15, 1953 , to Nov 28, 1953 , that I last saw the deceased alive on Nov 22, 1953 , and that death occurred at 5:20 A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Louisa Mitchell M.D.			23b. ADDRESS Mtn View Mo.		23c. DATE SIGNED 11/29/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 2-53.	24c. NAME OF CEMETERY OR CREMATORY Mtn View Cem,	24d. LOCATION (City, town, or county) (State) Mountain View Mo		
DATE REC'D BY LOCAL REG. 12/4/53	REGISTRAR'S SIGNATURE Louisa Mitchell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—0460

NOV 16 1935

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..... Signature of Student Embalmer

Signed *Joe P. Duncan* Licensed Embalmer No. 4325

P. O. Address *W. View*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.