

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39444**

FILED DEC 8 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>541</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>33 YRS</u>		c. CITY OR TOWN <u>JOPLIN</u>		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 <u>2425 ANNIE BAXTER</u>				e. STREET ADDRESS (If rural, give location) <u>2425 ANNIE BAXTER</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUD</u> b. (Middle) <u>AUGUSTUS</u> c. (Last) <u>HAY'S</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 30 1953</u>				
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>JUN 26 1873</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 WKS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOISTER MAN LEAD MINING</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>LEAD MINING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CARL JUNCTION, MO</u>	
13a. FATHER'S NAME <u>JAMES M. HAYS</u>			13b. MOTHER'S MAIDEN NAME <u>SOPHARINA Williams</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BOUD HAYS</u>		ADDRESS <u>JOPLIN, 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>Pulmonary hemorrhage.</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>30min.</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					
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>11-30-53</u> , 19 <u>53</u> , to <u>11-30-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-30-53</u> , and that death occurred at <u>2:10 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George M. D.</u>				23b. ADDRESS <u>JOPLIN, MO.</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 1, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST PARK</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>	
DATE REC'D BY LOCAL REG. <u>12-1-53</u>		REGISTRAR'S SIGNATURE <u>Ed. S. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hurlbert Stone</u>		ADDRESS <u>JOPLIN</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

D. Long

RECEIVED DEC 7 1953

Jasper County Health Office

County File Number 53-12-972

Date Filed DEC 7 1953

REC 17 1953

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 Dale Moore

Licensed Embalmer No. 459

P. O. Address Joplin

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.