

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2402

State File No.

FILED JAN 19 1954

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>			c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>		0700 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>111 S. East</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>			b. (Middle) <u>WESLEY</u>		c. (Last) <u>HAYS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8 1954</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>Dec. 5 1872</u>		9. AGE (In years) (Months) (Days) <u>81 1 3</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R. R. Foreman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash Section</u>		11. BIRTHPLACE (State or foreign country) <u>Montgomery County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Jerry Hays</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Hill</u>		14. NAME OF HUSBAND OR WIFE <u>Mamie Hays Wellsville Mo</u>		
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>702-05-7054</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mamie Hays Wellsville Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure from decompensated heart</u> ANTECEDENT CAUSES <u>Coronary occlusion</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>1947</u> <u>1945</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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)			
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>Dec. 24, 1953</u> , to <u>Jan. 8, 1954</u> , that I last saw the deceased alive on <u>Jan. 8, 1954</u> , and that death occurred at <u>6:41 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wright W. Anderson</u> (Degree or title)				23b. ADDRESS <u>415 Woodland Avenue</u>		23c. DATE SIGNED <u>1/12/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 10 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-10-54</u>		REGISTRAR'S SIGNATURE <u>Wright W. Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. B. Skellie Wellsville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

STATE OF INDIANA

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 _____

E. B. Keller

Licensed Embalmer No. _____

1588

P. O. Address _____

Kellerville, Ind.

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.