

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3948

State File No.

FILED MAR 8 1954

BIRTH NO. _____		REG. DIST. NO. <u>30</u>	PRIMARY REG. DIST. NO. <u>4038</u>	Registrar's No. <u>12</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>BENTON</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>BENTON</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>WARSAW</u> township) c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW</u> <u>0080</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>JAMES CAMPBELL</u> b. (Middle) <u>HAYS</u> c. (Last)			<u>MAR 2 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>MAR 27 1875</u>	9. AGE (In years last birthday) <u>78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret. FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>LEBNON, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John R. Hayes</u>		13b. MOTHER'S MARDEN NAME <u>Wmcy Jane Young</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie M. Hayes</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, state war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MINNIE M. HAYES</u> ADDRESS <u>WARSAW</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>arterosclerosis</u>		<u>1 day</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		<u>3 yrs</u>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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>Feb 10, 1954</u> , to <u>Mar 2, 1954</u> that I last saw the deceased alive on <u>MAR 1, 1954</u> and that death occurred at <u>4:30 P m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Name or title) <u>Quocally D D</u>		23b. ADDRESS <u>Warsaw Mo</u>		23c. DATE SIGNED <u>3-4-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 5, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RIVERSIDE CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>WARSAW BENTON MO</u>				
DATE REC'D BY LOCAL REG. <u>3/5/54</u>		REGISTRAR'S SIGNATURE <u>Jao. A. Logan</u> <u>23-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Greer</u> ADDRESS <u>Warsaw</u>

(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 John F. Riser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.