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FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12730

BIRTH NO.		REG. DIST. NO. 211		PRIMARY REG. DIST. NO. 4324		Registrar's No. 8-54		
1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tugumba		c. LENGTH OF STAY (in this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon		0668		
d. FULL NAME OF HOSPITAL OR INSTITUTION Humphreys Osteopathic Hospital				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE BENJAMIN b. (Middle) FRANKLIN c. (Last) HAYES			4. DATE OF DEATH Mar. 25, 1954					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 22, 1870		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Morgan Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Hayes			13b. MOTHER'S MAIDEN NAME Rhoda C. Chandler		14. NAME OF HUSBAND OR WIFE Mary Ellen Hayes			
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. None	17. INFORMANT'S SIGNATURE OR NAME Wesley Hayes					ADDRESS Eldon, Mo.
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) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Renal Vasculor Disease ten years 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 One Week	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X					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) (Min.)		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 March 19, 1954, to March 25, 1954, that I last saw the deceased alive on March 25, 1954, and that death occurred at 3:40 a.m., from the causes and on the date stated above.								
23a. SIGNATURE L. S. Humphreys, D.O.			23b. ADDRESS Tugumba, Missouri			23c. DATE SIGNED 3-27-1954		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 28, 1954	24c. NAME OF CEMETERY OR CREMATORY Union		24d. LOCATION (City, town, or county) (State) Eldon, Mo.			
DATE REC'D BY LOCAL REG. March 27, 1954		REGISTRAR'S SIGNATURE Mrs. Richard P. Wright		391-0 25. FUNERAL DIRECTOR'S SIGNATURE Lewis D. Phillips		ADDRESS Eldon		

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 _____

Louis D. Phillips

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.