

FILED JUL 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24002

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 2952 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Buffalo		c. CITY OR TOWN Louisiana	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 30 years		e. STREET ADDRESS (If rural, give location) RFD, Louisiana, Mo. 0820	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD, Louisiana, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) SHELTON b. (Middle) ORVY c. (Last) HAYDEN			4. DATE OF DEATH (Month) (Day) (Year) JULY 21, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 2, 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 5 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Nursery	11. BIRTHPLACE (City and State or Foreign Country) Pittsfield, Ill.		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME David J. Hayden		13b. MOTHER'S MAIDEN NAME Nancy Ann McQuitty		14. NAME OF HUSBAND OR WIFE Myrtle Hayden	
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. 489-36-3418		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Shelton Hayden, RFD, Louisiana, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH few hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic Hypertensive DUE TO (c) Cardiovascular disease		
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, 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 1952 to 7-21, 1954; that I last saw the deceased alive on 7-21, 1954, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. H. Revellin M.D.	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 7-23-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/23/54	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
		24d. LOCATION (City, town, or county) (State) Louisiana, Missouri

DATE REC'D BY LOCAL REG. July 23, 1954	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sterne Funeral Home, Louisiana, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 20 1958

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..... *Virginia M. Sterne*

Licensed Embalmer No... *746*

P. O. Address *Louisiana*

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.