

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26225

State File No.

FILED AUG 19 1954

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amoret</u>	
c. LENGTH OF STAY (in this place) <u>8 Days</u>		d. STREET ADDRESS (If rural, give location) <u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse Deering</u> b. (Middle) _____ c. (Last) <u>Hayden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-4-1954</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>1-10-1875</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Frank Hayden</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Holliman</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Hayden</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. D. Hayden, Merwin, Mo.</u>	
--	--	-------------------------------------	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Hypostatic pneumonia 2 day</u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		ANTECEDENT CAUSES		DUE TO (b) <u>Rheumatoid heart</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		DUE TO (c) <u>disorder, decomposed</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 <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Amoret, Bates, Mo.</u>	
--	--	--	--	---	--

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 7/26, 1954, to 8/4, 1954, that I last saw the deceased alive on 8/4, 1954, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lowell Koushik, M.D.</u>		23b. ADDRESS <u>Butler, Mo.</u>		23c. DATE SIGNED <u>8/4/54</u>	
--	--	---------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-6-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butler, Mo.</u>	
---	--	-------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>8-17-54</u>		REGISTRAR'S SIGNATURE <u>Randall Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Archer & Mangold, Amsterdam, Mo.</u>	
---	--	--	--	--	--

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

AUG 19 1954

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 _____

Robert L. Mangold

Student Embalmer No. 504

working under my personal supervision.

Student *Robert L. Mangold*
Student Embalmer

Signed *Walter B. Luyar*

Licensed Embalmer No. 3222

P. O. Address Louisburg, New York

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.