

FILED SEP 3 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29558**  
Registrar's No. **28**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **6167**

1. PLACE OF DEATH a. COUNTY <b>Stone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" Union</b>		c. LENGTH OF STAY (In this place) <b>4 Years</b>	c. CITY OR TOWN <b>"Rural" Union</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route #1, Billings</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <b>Route #1, Billings</b>		(If rural, give location) <b>1040</b>	

3. NAME OF DECEASED (Type or Print) <b>ZACK</b>	a. (First)	b. (Middle) <b>(None)</b>	c. (Last) <b>HAYS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 26 1954</b>
---	------------	---------------------------	-----------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 18-1886</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>----</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lawrence Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>W. T. Hays</b>	13b. MOTHER'S MAIDEN NAME <b>Matilda Etheridge</b>	14. NAME OF HUSBAND, OR WIFE <b>Mary Medlin, Deceased Flora Parker</b>
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Flora Hays, Rt. 1, Billings, Mo.</b>	ADDRESS
---	-------------------------------------	--	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral apoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>334X</b>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from **July 26, 1954**, to **July 26, 1954**, that I last saw the deceased alive on **July 26, 1954**, and that death occurred at **4:50p m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. J. W. Kammich M.D.</b>	(Degree or title)	23b. ADDRESS <b>Crane, Mo.</b>	23c. DATE SIGNED <b>Aug. 1954</b>
--	-------------------	--------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 29-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wright Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Stone County, Missouri</b>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>Aug 12-54</b>	REGISTRAR'S SIGNATURE <b>Mrs. J. Elmer Bussell</b>	317-1	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Alan Harris</b>	ADDRESS <b>Clever, Mo</b>
---	--	-------	--	---------------------------

Funeral Director'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.....  
Signature of Student Embalmer

Signed..... *John Dean Harris*

Licensed Embalmer No..... *4390*

P. O. Address..... *Cleveland, Mo.*

**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.**