

FILED OCT 19 1954

STANDARD CERTIFICATE OF DEATH

32962

State File No.

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 89

1. PLACE OF DEATH
 a. COUNTY BARTON
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR
 c. LENGTH OF STAY (in this place) 3 WEEKS
 d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORIAL HOSPT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE MISSOURI b. COUNTY BARTON
 c. CITY OR TOWN RURAL Doyle's part of
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 2 MI NORTH WEST MILFRED MO

3. NAME OF DECEASED (Type or Print)
 a. (First) LEMUELE b. (Middle) E c. (Last) HAYES 4. DATE OF DEATH (Month) (Day) (Year) Oct 1 1954

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH Oct 5 1873 9. AGE (In years last birthday) (If UNDER 1 YEAR Months) (If UNDER 2 HRS. Days) (Hours) (Min.) 80 11 26

10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) SCHOOL TEACHER 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) FRANKTON IND 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME SAMUEL GEORGE HAYES 13b. MOTHER'S MAIDEN NAME LIZ A FRANKSKIMMERING 14. NAME OF HUSBAND OR WIFE KATHEREN M. 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 Ollie Hayes Lamar RA2 ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia MEDICAL CERTIFICATION
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Age & hemorrhage
 DUE TO (c) Prostatectomy
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
Prostatic Hypertrophy
 INTERVAL BETWEEN ONSET AND DEATH 3 days

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION Large prostate 6/12x 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9-13, 1954, to 10-1, 1954, that I last saw the deceased alive on 10-1, 1954 and that death occurred at 10:00p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Hen Arnold M.D. 23b. ADDRESS Lamar Missouri 23c. DATE SIGNED 10-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct 3 1954 24c. NAME OF CEMETERY OR CREMATORY St. James 24d. LOCATION (City, town, or county) (State) BARTON Co. Mo

DATE REC'D BY LOCAL REG. OCT 12 1954 REGISTRAR'S SIGNATURE Marie Koranta 25. FUNERAL DIRECTOR'S SIGNATURE H. Bernard Beery ADDRESS _____

(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.....
Signature of Student Embalmer

Signed, *S. Bernard Burns*

Licensed Embalmer No. *41*

P. O. Address, *Sheldon*

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.