

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33702**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **57**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton,	
c. LENGTH OF STAY (In this place) 18 days		d. STREET ADDRESS (If rural, give location) 306 West Ohio St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wetzel Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) OBER b. (Middle) LESLIE c. (Last) HAYDEN			4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 14, 1880		9. AGE (In years last birthday) 74		10. KIND OF BUSINESS OR INDUSTRY Retired farmer	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		11. BIRTHPLACE (City and State or Foreign Country) Macon County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George Fisher Hayden		13b. MOTHER'S MAIDEN NAME Evelyn Griffith		14. NAME OF HUSBAND OR WIFE Eda Hayden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Truman Hayden, Concordia, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
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) uremia			10 days	
		ANTECEDENT CAUSES DUE TO (b) nephrosis			year	
		DUE TO (c) arteriosclerosis			"	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy			"	

19a. DATE OF OPERATION 10-15-54		19b. MAJOR FINDINGS OF OPERATION Prostatic Hypertrophy 446x			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)		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 10-10, 1954, to 10-24, 1954, that I last saw the deceased alive on 10-29, 1954 and that death occurred at 3:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 10-29-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 31, 1954		24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery	
				24d. LOCATION (City, town, or county) (State) Clinton, Mo.	

DATE REC'D BY LOCAL REG. Oct 31-54		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE H. J. Vansant, Clinton, Mo.	
				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

Student Embalmer

Signed

H. A. Tarsant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.