

No. 300
10-48

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6106 State File No. 36204

BIRTH NO. _____ REG. DIST. NO. 321 PRIMARY REG. DIST. NO. 6101 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butledge, Randolph</u>		c. CITY OR TOWN <u>Butledge, Randolph</u>	d. Is 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) <u>31 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED (Type or Print) a. (First) <u>Elbert</u> b. (Middle) <u>Luther</u> c. (Last) <u>Hayward</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11, 1954</u>
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	8. DATE OF BIRTH <u>Nov. 8, 1890</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland County, Mo.</u>		9. AGE (In years last birthday) <u>63</u> <u>11</u> <u>3</u> <u>0</u> <u>0</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Luther Hayward</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Musgrave</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Barbara Hayward</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Barbara Hayward</u>		ADDRESS <u>Memphis, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>High Blood Pressure</u> DUE TO (c) <u>Chronic Nephritis</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>592 X</u>	
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 <u>Aug 15th, 1954</u> , to <u>Oct 11, 1954</u> , that I last saw the deceased alive on <u>Aug 11, 1954</u> , and that death occurred at <u>6:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. Symmonds D.O.</u>		23b. ADDRESS <u>Memphis Mo</u>	
23c. DATE SIGNED <u>Oct 15-54</u>		23d. SIGNATURE (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL <u>burial</u>		24b. DATE <u>Oct 13, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Indian Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Scotland County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9/16/54</u>		REGISTRAR'S SIGNATURE <u>Vera E. Turner 476-0</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertrude Baskett</u>		ADDRESS <u>Memphis Mo</u>	

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 *Albert C. Guth*.....

Licensed Embalmer No. *425*.....

P. O. Address *Muskegon*.....

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.