

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10904

State File No. ....

BIRTH NO. 75931-54 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Mexico</b>	c. LENGTH OF STAY (In this place) <b>1 1/2 hrs.</b>	c. CITY OR TOWN <b>Mexico</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain County Hospital</b>		STREET ADDRESS (If rural, give location) <b>723 South Walnut</b> <span style="float: right;">0043</span>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Darryl</b> b. (Middle) <b>Eugene</b> c. (Last) <b>Hayes</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 10 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Child</b>	8. DATE OF BIRTH <b>Nov. 26, 1954</b>		9. AGE (In years last birthday) <b>5</b> IF UNDER 1 YEAR Months <b>14</b> IF UNDER 24 HRS. Hours <b>14</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mexico, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Charles Hayes</b>		13b. MOTHER'S MAIDEN NAME <b>Dorothy Scott</b>		14. NAME OF HUSBAND OR WIFE <b>Child</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>none</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Charles Hayes</b> ADDRESS <b>Mexico, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncial Pneumonia</b>		ANTECEDENT CAUSES		DUE TO (b) <b>None. Unattended by Physician only about one hour before death</b>	
*This does not mean the mode of dying, such as heart failure, asthma, 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) <b>by Dr. H.A. Gorrell D.O. Mexico, Mo.</b>	
II. OTHER SIGNIFICANT CONDITIONS		On preparing the baby for burial the findings indicated <b>Broncial Pneumonia</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>No indications of violence or foul play</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None 491X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>none</b>	

22. I hereby certify that I attended the deceased from Coroners investigation, 1955, that I last saw the deceased died on May 10, 1955, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>S. C. Adams M.D. Coroner</b> (Degree or title)		23b. ADDRESS <b>Mexico, Mo.</b>		23c. DATE SIGNED <b>5/10/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-11-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	
		24d. LOCATION (City, town, or county) <b>Mexico, Missouri</b>		(State)	

DATE REC'D BY LOCAL REG. <b>May 10-1955</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely 9-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arnold Funeral Home</b> ADDRESS <b>Mexico, Mo.</b>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

MAY 12 1955

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 *Richard Y. M. ...*

Licensed Embalmer No. *482*  
P. O. Address *Medford, N.J.*

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.