

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13410**
Registrar's No. **3785**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3785	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY _____				a. STATE Missouri		b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Marston		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Nannie			b. (Middle) NMN			c. (Last) Hayes	
6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH Sept. 20, 1887	
9. AGE (In years last birthday) 67			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (City and State or Foreign Country) Mayfield, Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME John Landon			13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Mack Hayes			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.			16. SOCIAL SECURITY NO. Nil.	
17. INFORMANT'S SIGNATURE OR NAME Virgil Sails			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			19. ADDRESS Polar Bluff, Mo.	
18. CAUSE OF DEATH			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL VASCULAR ACCIDENT			II. OTHER SIGNIFICANT CONDITIONS			1 WK.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES			7 MONTHS	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) RECURRENT CARCINOMA TO RT. CERVICAL				
DUE TO (c) _____			Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 1982	
22. I hereby certify that I attended the deceased from March 31, 1955 , to April 23, 1955 , that I last saw the deceased alive on April 23, 1955 , and that death occurred at 9:45A m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert Donough M. D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 4/23/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-26-55		24c. NAME OF CEMETERY OR CREMATORY Mounds Park Cem.		24d. LOCATION (City, town, or county) (State) Near New Madrid, Mo.	
DATE REC'D BY LOCAL REG. APR 28 1955		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

77-10

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 *Elmo R. Padwell*

Licensed Embalmer No. *4077*

P. O. Address *St. Louis*

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.