

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17588

State File No.

No. 300
10-48

FILED JUN 29 1955

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Wayne</u>	b. (Middle) <u>Clifford</u>	c. (Last) <u>Hayden</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 22 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 4, 1900</u>	9. AGE (In years last birthday) <u>54</u>	# UNDER 1 YEAR Months	YEAR Days	# UNDER 12 Hrs. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurnat owner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurnat owner</u>	11. BIRTHPLACE (State or foreign country) <u>Novelty m Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles Hayden</u>	13b. MOTHER'S MAIDEN NAME <u>Dora Winn</u>	14. NAME OF HUSBAND OR WIFE <u>Florida Hayden</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW I</u>	16. SOCIAL SECURITY NO. <u>86-38-6251</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Glorida Hayden</u> ADDRESS <u>Edina, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left cerebral vascular accident</u>		<u>26 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular disease</u> DUE TO (c) <u>Duodenal ulcer</u>		<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		<u>443X</u>	<u>years</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 21, 1955, to June 22, 1955, that I last saw the deceased alive on June 22, 1955, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. D. McElrath D.O.</u>	23b. ADDRESS <u>Kirkville, Mo.</u>	23c. DATE SIGNED <u>6-22-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>25 June 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newark Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Newark, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-24-55</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edina, Mo</u> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

1908

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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, 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.