

No. 300
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FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36020

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1216

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u>)		c. CITY OR TOWN <u>St. Joseph</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>2529 S. 15th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Williams Nursing Home 2529 S. 15th Street</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Era</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Hayes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 14, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>December 15, 1856</u>	9. AGE (In years last birthday) <u>99</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Agency, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Stricklin</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Hayes</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>*****</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Claude C. Hayes</u>	ADDRESS <u>St. Joseph, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 days</u> <u>not sure</u> <u>2 weeks</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>Cardiac failure</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</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) m.	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 Nov 1, 1955, to Nov 14, 1955, that I last saw the deceased alive on Nov 13, 1955, and that death occurred at 8:55 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Collis Poundsy MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Therapeutic Rd. 9/12</u>	23c. DATE SIGNED <u>Nov-16-55</u>
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24a. BURIAL, CREMATION, REMOVAL, BURIAL (Specify)	24b. DATE <u>Nov. 16, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Agency Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Agency, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 18, 1955</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer Fleeman</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 27 1956

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 B. Harkness*

Licensed Embalmer No. 3258

P. O. Address St. Joseph

- 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.