

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37256

 BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (In this place) <u>7 weeks</u>	c. CITY OR TOWN <u>Jasper</u>		e. <u>4-3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune Brooks Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>South Main Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>		b. (Middle) <u>Levan</u>	c. (Last) <u>Haymes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 16, 1876</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR: Months _____ Days _____	
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 <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Webster County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William W. Haymes</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Graves</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Bradley</u>		
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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lucy Haymes, Jasper, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinomatosis</u> ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>primary in the prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>21 mo</u>
19a. DATE OF OPERATION <u>Feb '53</u>	19b. MAJOR FINDINGS OF OPERATION <u>carcinoma of the prostate</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) m.	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>Feb '53</u> , 19 <u> </u> , to <u>Nov</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7 Nov '55</u> , 19 <u> </u> , and that death occurred at <u>6:50 pm.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>H. E. Byrd M.D.</u>		(Degree or title) <u>C</u>	23b. ADDRESS <u>Carthage Mo</u>		23c. DATE SIGNED <u>9 Nov '55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 10, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Garden of Memories</u>	24d. LOCATION (City, town, or county) (State) <u>El Campo, Texas.</u>			
DATE REC'D BY LOCAL REG. <u>11-9-55</u>	REGISTRAR'S SIGNATURE <u>W. J. Clinton</u>		139	25. TOWNSHIP DIRECTOR'S SIGNATURE <u>Sharp & Selvey</u>		
				ADDRESS <u>Jasper, Mo.</u>		

(Licensed Embellisher's Statement on Reverse Side)

RECEIVED NOV 17 1955
Jasper County Health Office

County File Number 55-11-775
Date Filed NOV 17 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
Student Embalmer

Signed Lawson L. Sharp

Licensed Embalmer No. 4922

P. O. Address Jasper, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.