

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37423

State File No.

BIRTH NO.		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>5688</u>		Registrar's No. <u>579</u>	
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LINN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin Rt #1</u>			c. LENGTH OF STAY (In this place) <u>32 yrs</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin Rt #1</u> <u>0580</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt #1 Bucklin, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Bucklin Rt #1</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>PEARL</u>		b. (Middle) <u>MAE</u>		c. (Last) <u>HAYES</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<u>11</u>		<u>19</u>		<u>55</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>10 MAY 1882</u>	
9. AGE (In years last birthday) <u>73</u>		If UNDER 1 YEAR Months <u>6</u>		Days <u>9</u>		If UNDER 24 HRS. Hours <u></u>	
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>W</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bucklin, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>LAURA HAYES</u>		14. NAME OF HUSBAND OR WIFE <u>N.L. HAYES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>N.L. HAYES Bucklin, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes</u> DUE TO (c) <u>260X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple Atherosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u> <u>1 yr.</u> <u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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 <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</u> , 19 <u>55</u> , to <u>11/20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11/19</u> , 19 <u>55</u> , and that death occurred at <u>34</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D.S.P. Johnson</u>		(Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Bucklin, Mo</u>		23c. DATE SIGNED <u>11-21-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wynndette</u>		24d. LOCATION (City, town, or county) (State) <u>Bucklin, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-22, 1955</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>		167 Dep. <u>Dr.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>(No) 117 St. Josephine, Nevada, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 George D. Varnum

Licensed Embalmer No. 4725

P. O. Address Waco, Tex.

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.