

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41617

State File No. _____

FILED JAN 5 - 1956

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5982 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mooney</u>	c. LENGTH OF STAY (in this place) <u>36 Years</u>	c. CITY OR TOWN <u>Red Top, Missouri</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>4 mi. N.W. of Red Top, MO.</u>		e. STREET ADDRESS (If rural, give location) <u>0890</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucinda</u> b. (Middle) <u>Jane</u> c. (Last) <u>Hayden</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 22, 1955</u>
---	--

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>January 9, 1861</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</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>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Polk County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
--	--	---	---

13a. FATHER'S NAME <u>Elijah Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Celia Ashworth</u>	14. NAME OF HUSBAND OR WIFE <u>James Harvey Hayden</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Claude Hayden</u> ADDRESS <u>Red Top, Missouri</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>491 X</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____	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 1953, to 12-22, 1955, that I last saw the deceased alive on 12-21, 1955, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Maude O. Hammann M.D.</u>	23b. ADDRESS <u>Buffalo Mo.</u>	23c. DATE SIGNED <u>12-27-55</u>
---	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/24/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Golf Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>N.E. of Bolivar, Missouri</u>
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Dec 28, 1955</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon per [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Erwin & Blue</u> ADDRESS <u>Bolivar Mo.</u>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Willard B. Emmer*

Licensed Embalmer No. *309*

P. O. Address *Bolivar*

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.