

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1956

State File No. **17991**
Registrar's No. **5037**

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 5037
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY Butler		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Hannibal	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp.		e. STREET ADDRESS (If rural, give location) 0121		
3. NAME OF DECEASED (Type or Print)		a. (First) JOSEPH	b. (Middle)	c. (Last) HAYES
4. DATE OF DEATH (Month) (Day) (Year) 5 22 56				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 8. 31. 25	9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired Mo. Pacific	11. BIRTHPLACE (City and State or Foreign Country) Cleveland, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ellen Fudge Hayes (dec'd)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 702-09-3875	17. INFORMANT'S SIGNATURE OR NAME Cecil Hayes ADDRESS Poplar Bluff, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Anteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized arteriosclerosis		
DUE TO (c)		DUE TO (c) Senile Dementia		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200 #227			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 3-26 , 19 56 , to 5-22 , 19 56 , that I last saw the deceased alive on 5-22 , 19 56 , and that death occurred at 1:50 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE Cecil Hayes (Degree or title)		23b. ADDRESS Mo. Pac. Hosp.	23c. DATE SIGNED 5-23-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-24-56	24c. NAME OF CEMETERY OR CREMATORY Chapel Hill Cemetery	24d. LOCATION (City, town, or county) (State) Wayne County, Missouri	
DATE REC'D BY LOCAL REG. MAY 25 1956	REGISTRAR'S SIGNATURE Frank Cottrell	25. FUNERAL DIRECTOR'S SIGNATURE Frank Cottrell ADDRESS Poplar Bluff, Mo.		

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

JUN 8 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, ~~not~~ by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edmond H. Remelieu*

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.