

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29531

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6091 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>	
b. CITY OR TOWN <u>Rural Saltpond</u>	c. LENGTH OF STAY (in this place) <u>28 yrs</u>	c. CITY OR TOWN <u>Sweet Springs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0970</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles N. of Sweet Springs</u>		STREET ADDRESS <u>5 miles North of Sweet Springs, Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Edgar</u> c. (Last) <u>Hayes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Jan 12, 1892</u>
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>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sweet Springs Mo</u>
13a. FATHER'S NAME <u>William T Hayes</u>		13b. MOTHER'S MAIDEN NAME <u>Elnora Harmon</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>First World War</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Orville Lee Hayes</u> ADDRESS <u>3701 E 29th St Kansas City 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide. (Head wound)</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>976x</u>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Country road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Salt Pond Saline Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 7-56 12:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shotgun wound in head</u>	
22. I hereby certify that I attended the deceased from <u>Sept 7, 1956</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Sept 7, 1956</u> , and that death occurred <u>at 2:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. L. Lawrence M.D. Coroner</u> (Degree or title)		23b. ADDRESS <u>Marshall Mo.</u>	23c. DATE SIGNED <u>9-8-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 10, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sweet Springs Mo</u>
DATE REC'D BY LOCAL REG. <u>Sept. 8, 1956</u>	REGISTRAR'S SIGNATURE <u>Mary Dinsley</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edgar L. Mearley Sweet Springs, Mo</u>	

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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 *Edgar L. Moreley*.....

Licensed Embalmer No. *4711*

P. O. Address *Sweet Springs*

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.