

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29888
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>995</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CLINTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Cameron</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. M. Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>521 N. Meigs</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Walter</u> c. (Last) <u>Hayden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10, 1956</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>May 19, 1888</u>	
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Dealer in Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Edgar Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James H. Hayden</u>		13b. MOTHER'S MAIDEN NAME <u>Fannia Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Orphia A. Hayden</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY <u>49-09-7183</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Orphia A. Hayden Cameron 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.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Amyotrophic Lateral Sclerosis</u>							
INTERVAL BETWEEN ONSET AND DEATH <u>6 Months</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>Diabetes Mellitus (Mo.)</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)		21f. HOW DID INJURY OCCUR?	
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>Sept. 7, 1956</u> , to <u>Sept 10, 1956</u> , that I last saw the deceased alive on <u>Sept 10, 1956</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George W. Forman M.D.</u>				23b. ADDRESS <u>902 Edmund St. Joseph, Mo.</u>		23c. DATE SIGNED <u>Sept. 11, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-14-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 17, 1956</u>		REGISTRAR'S SIGNATURE <u>Cather M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeMoss SRINK Cameron Mo</u>			

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

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OCT 17 1956

SEP 25 1956

OCT 2 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, or by Student Embalmer No. working under my personal supervision..

Student..... Signature of Student Embalmer

Signed. *Leo Mas Brennan*

Licensed Embalmer No. *2533*

P. O. Address *Cameron*

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.