

FILED NOV 20 1956

STANDARD CERTIFICATE OF DEATH

State File No. **38503**

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4246 Registrar's No. 157

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY OR TOWN Carl Junction
 c. LENGTH OF STAY (in this place) 15 Yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION 207 So. Roney Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Jasper
 c. CITY OR TOWN Carl Junction
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 207 So. Roney Street

3. NAME OF DECEASED
 a. (First) JAMES b. (Middle) THOMAS c. (Last) HAYES

4. DATE OF DEATH 11-15-1956

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 9-9-1875

9. AGE (in years last birthday) 81
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 10 MIN. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer-carpenter

10b. KIND OF BUSINESS OR INDUSTRY Farming-Carpentry

11. BIRTHPLACE (City and State or Foreign Country) Polk Co., Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Hayes

13b. MOTHER'S MAIDEN NAME Lyda Dickerson

14. NAME OF HUSBAND OR WIFE Lillie Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 500-01-5200

17. INFORMANT'S SIGNATURE OR NAME Lillie Hayes, Carl Junction, Mo. ADDRESS _____

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) Exsanguination
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Pulmonary tuberculosis old.
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH
4 mos.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 002X

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 1, 1956 to Nov 15, 1956 that I last saw the deceased alive on Nov 15, 1956, and that death occurred at 6:15 p.m. from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____

23b. ADDRESS Carl Junction, Mo

23c. DATE SIGNED 11/16/56

24a. BURIAL, CREMATION, OR REMOVAL (Specify) burial

24b. DATE 11-18-1956

24c. NAME OF CEMETERY OR CREMATORY Muncie Chapel Cemetery

24d. LOCATION (City, town, or county) (State) Wheaton, Missouri

DATE REC'D BY LOCAL REG. 11-16-56

REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Carl Junction, Mo.

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

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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 *Jack C. Simpson*.....
Licensed Embalmer No. *464*

P. O. Address *Webb*.....

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.