

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 20 1956

State File No. **40369**  
REGISTRAR'S No. **218**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076**

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Vernon</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>   |  | c. CITY OR TOWN <b>Nevada</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <b>6 Wks</b>   |  | e. STREET ADDRESS (If rural, give location) <b>R. R. # 2</b>   |   |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Nevada City Hospital</b> |  |  |   |

|                                     |                          |             |                       |   |
|-------------------------------------|--------------------------|-------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Dawson</b> | b. (Middle) | c. (Last) <b>Hays</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 13 1956</b> |
|-------------------------------------|--------------------------|-------------|-----------------------|---|

|                    |                               |   |                                      |   |                        |                        |                       |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|------------------------|-----------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>10 Jan. 1910</b> | 9. AGE (In years last birthday) <b>46</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 24 MIN. Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|------------------------|-----------------------|

|   |   |  |  |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY <b>Garage</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Cedar County, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b> |
|---|---|--|--|

|                                      |   |   |
|--------------------------------------|---|---|
| 13a. FATHER'S NAME <b>James Hays</b> | 13b. MOTHER'S MAIDEN NAME <b>Emma Unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>Maude Hays</b> |
|--------------------------------------|---|---|

|  |  |   |   |
|--|--|---|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.II</b> | 16. SOCIAL SECURITY NO. <b>491-05-8076</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Maude Hays</b> | ADDRESS <b>R.R. #2 Nevada, Missouri</b> |
|--|--|---|---|

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ventricular fibrillation</b>  |  | <b>5 min</b>                     |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Ventricular tachycardia</b><br>DUE TO (c) <b>Anterior myocardial infarct</b> |  | <b>5 min</b>                     |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  | <b>6 wks</b>                     |

|                        |                                  |             |  |
|------------------------|----------------------------------|-------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | <b>4201</b> | 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) (Min.) | 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 **2/27**, 1956, to **11/13**, 1956, that I last saw the deceased alive on **11/13**, 1956, and that death occurred at **5:15** p.m., from the causes and on the date stated above.

|  |                                 |                                  |
|--|---------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Raymond J. Francis, M.D.</b> | 23b. ADDRESS <b>Nevada, Mo.</b> | 23c. DATE SIGNED <b>11/14/56</b> |
|--|---------------------------------|----------------------------------|

|   |                           |   |  |
|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>11/15/56</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Eldorado Spgs. City</b> | 24d. LOCATION (City, town, or county) (State) <b>Eldorado Springs, Mo.</b> |
|---|---------------------------|---|--|

|  |  |   |                            |
|--|--|---|----------------------------|
| DATE REC'D BY LOCAL REG. <b>11-16-1956</b> | REGISTRAR'S SIGNATURE <b>Anna E. Forey</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard B. Winter</b> | ADDRESS <b>Nevada, Mo.</b> |
|--|--|---|----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

451

REC'D 1956  
AUG 26 1956

JAN 22 1957

AUG 2 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ray C. McLeod*

Licensed Embalmer No. 485

P. O. Address *Greene, W.V.*

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