

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42368**

FILED DEC 17 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **2052** Registrar's No. **28**

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|---|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Pettis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Sedaleia | | c. LENGTH OF STAY (In this place) 3 weeks | | c. CITY OR TOWN Sweet Springs | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital | | | | e. STREET ADDRESS (If rural, give location) RFS 091 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) Ernest c. (Last) HAYWARD | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec 6 1956 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH Dec 11 1889 | |
| 9. AGE (In years last birthday) 67 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | | 11. BIRTHPLACE (City and State or Foreign Country) Scotland Co Mo | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Luther J. Hayward | | 13b. MOTHER'S MAIDEN NAME Margaret | | 14. NAME OF HUSBAND OR WIFE Sarah M. Hayward | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. George Hayward Sweet Springs | | | |
| 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. | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure, Acute | | | | INTERVAL BETWEEN ONSET AND DEATH 158x | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Pulmonary Embolism, Unk | | DUE TO (c) Retroperitoneal Sarcoma Unknown | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION 12/7/56 | | 19b. MAJOR FINDINGS OF OPERATION Retroperitoneal Sarcoma - Metastasis Unknown Embol | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 9/7 , 19 56 , to 12/6 , 19 56 , that I last saw the deceased alive on 12/6 , 19 56 , and that death occurred at 3:13 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Charles A. Staley MD | | | | 23b. ADDRESS Sweet Springs Mo | | 23c. DATE SIGNED 12/7/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 12-7-56 | | 24c. NAME OF CEMETERY OR CREMATORY Memphis | | 24d. LOCATION (City, town, or county) (State) Memphis Mo | |
| DATE REC'D BY LOCAL REG. 12-10-56 | | REGISTRAR'S SIGNATURE Levin Cooney Deputy | | 25. FUNERAL DIRECTOR'S SIGNATURE M^cLaughlin Bros | | ADDRESS Sedaleia | |

(Licensed Embalmer's Statement on Reverse Side)

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..... *KPM Leary*

Licensed Embalmer No. *315*

P. O. Address *Sedalia*

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.