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FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2351
STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. 5976 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walnut Grove — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR # 3 — Length of stay in 1b Many years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Polk
c. CITY OR TOWN Walnut Grove — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RR 3 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First WILLIAM Middle GRANT Last HAYTER

4. DATE OF DEATH Month Jan Day 5 Year 1957

5. SEX Male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH April 11 1872
9. AGE (In years last birthday) 84
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. 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 country) Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Hayter
14. MOTHER'S MAIDEN NAME Sarah Crawford

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. None
17. INFORMANT J. C. Hayter — Address R3 Walnut Grove Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a). HYPOSTATIC PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) DECREASED CIRCULATION — 2 months
DUE TO (c) CEREBRAL ACCIDENT — 4 month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
SENILITY 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ O

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from JAN 3 1957 to JAN 5 1957 and last saw her/him alive on JAN 4, 1957
Death occurred at 7:25 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. R. Davis (Degree or title) D.O.
22b. ADDRESS WALNUT GROVE Mo
22c. DATE SIGNED 1/5/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan 6 1957
23c. NAME OF CEMETERY OR CREMATORY Eudora Cemetery
23d. LOCATION (City, town, or county) (State) Walnut Grove - Mo

24. FUNERAL DIRECTOR Doyle Daniel — ADDRESS Walnut Grove Mo
25. DATE RECD. BY LOCAL REG. Jan 12, 1957
26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 31 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Doyle L. Gou

Licensed Embalmer No. 4

P. O. Address Ash Gr
Mo

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