THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3762

FILED FEB 18 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 162

1. PLACE OF DEATH

a. COUNTY: Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Inside Limits Yes X No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1523 Messanie St. — Length of stay in 1b: 55 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Buchanan

c. CITY OR TOWN: St. Joseph 0117 0 — Inside Limits Yes X No ☐

d. STREET ADDRESS (If outside, give location): 1523 Messanie St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Alonzo Middle: Last: Hayes

4. DATE OF DEATH Month Day Year: Feb. 14, 1957

5. SEX: Male

6. COLOR OR RACE: Negro 2

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐ 2

8. DATE OF BIRTH: March 21, 1869

9. AGE (In years last birthday): 87 — 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): Laborer (Ret.)

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (City and state or country): Salisbury, Missouri 0

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

13. FATHER'S NAME: John Hayes

14. MOTHER'S MAIDEN NAME: Anna Wynn

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.: Unknown

17. INFORMANT Address: Mrs. C.O.Owens, 1523 Messanie St. City

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): Cerebral anoxemia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Cancer of prostate — 1 yea r

DUE TO (c): Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 177X

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2

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 May 16, 1956, to 2-14-57 and last saw her/him alive on 2-11-57

Death occurred at 7:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. N. Tompson M.D.

22b. ADDRESS: 1201 Jules St City

22c. DATE SIGNED: 2/15/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb.16,1957

23c. NAME OF CEMETERY OR CREMATORY: Maple Grove Cemetery

23d. LOCATION (City, town, or county) (State): Oregon, Missouri

24. FUNERAL DIRECTOR: Wm. H. Alexander — ADDRESS: St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: Feb 15, 1957

26. REGISTRAR'S SIGNATURE: Esther M. Allison

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 44

P. O. Address St. Joe

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