

FILED MAR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9393

STATE FILE NUMBER

16441-57 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Vandalia 0041 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. ELIZABETH, Hospit		Length of stay in lb 1 day.	d. STREET ADDRESS (If outside, give location) 606 W. STATE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Richard Joseph Hayden			4. DATE OF DEATH Month Day Year March 25 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 24 1957	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked.		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 6.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hannibal, Marion County, U.S.A.	
13. FATHER'S NAME William Morrison Hayden		14. MOTHER'S MAIDEN NAME Mary Jane Yates		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT William M. Hayden Address Vandalia, Mo.

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 monster		INTERVAL BETWEEN ONSET AND DEATH 8 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 **March 24, 1957** to **March 25, 1957** and last saw him alive on **March 25, 1957**
Death occurred at **12:45 AM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ernest Sherman MD (Deceased's Name)	22b. ADDRESS Vandalia, Mo.	22c. DATE SIGNED 3/25/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 26 1957	23c. NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery	23d. LOCATION (City, town, or county) (State) Monroe City, Missouri
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24. FUNERAL DIRECTOR WILSON & Sons, Monroe City, Mo.	25. DATE RECD. BY LOCAL REG. 3-27-1957	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by W. C. Fisher
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

S. 300 1-56

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.

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RECEIVED MAR 28 1957

MARION CO. HEALTH DEPT.

DATE FILED MAR 28 1957

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 Mo. Embalmer Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed Richard Wilson

Licensed Embalmer No. 3114

P. O. Address Memphis

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.