V.S. No. 300
Rev. 10.48

FILED MAY 7 - 1957
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13741

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edina
c. LENGTH OF STAY (In this place): 15 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo
b. COUNTY: Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edina, Missouri
d. STREET ADDRESS (If rural, give location): 05-20 0

3. NAME OF DECEASED (Type or Print)
a. (First): Dora
b. (Middle): Elizabeth
c. (Last): Hayden

4. DATE OF DEATH (Month) (Day) (Year): April 27 1957

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 15, 1878
9. AGE (In years last birthday): 78 — 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): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Novelty, Missouri
12. CITIZEN OF WHAT COUNTRY?: Usa

13a. FATHER'S NAME: Elijah Newkirk
13b. MOTHER'S MAIDEN NAME: Sahra Winn
14. NAME OF HUSBAND OR WIFE: Charles R. Hayden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Ralph Hayden, Edina, MIssouri

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriolar Nephrosclerosis
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 446x
20. AUTOPSY? YES ☐ NO ☐ 0

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* xx, 1949, *to* April 26, 1957, *that I last saw the deceased alive on* April 26, 1957, *and that death occurred at* 1:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Desmelina (Degree or title): D.O.
23b. ADDRESS: Edina, Missouri
23c. DATE SIGNED: 4/30/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 28, 1957
24c. NAME OF CEMETERY OR CREMATORY: Newark, Mo
24d. LOCATION (City, town, or county) (State): Newark, Missouri.

DATE REC'D BY LOCAL REG.: May 1 - 1957
REGISTRAR'S SIGNATURE: Nell S. Hunsaker
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [illegible] Edina, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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MAY 8 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 A. G. Rimer, Student Embalmer No. 544, working under my personal supervision.

Student A. G. Rimer
Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina Mo.

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 this body is not embalmed, fact should be so stated above.