

FILED JUN 13 1957

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH57 017 921
STATE FILE NUMBERRegistration District No. 209 Primary Registration District No. 3043 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mississippi River		d. STREET ADDRESS (If outside, give location) Sunnyside Place	
3. NAME OF DECEASED (Type or print) GOLDIE BRYAN HAYS DAVIS		4. DATE OF DEATH June 3, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 6, 1898
9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR Month 11 Day 27 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Bowling Green Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Robert L. Hays		14. MOTHER'S MAIDEN NAME Edna no record	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. H. Eugene Rupp Hannibal Missouri		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowned. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Jumped in Mississippi River. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Jumped from Highway bridge across Mississippi river at Hannibal, Missouri.	
20c. TIME OF INJURY 4 Hour 4 a. m. 6-3-57		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Mississippi River		20f. CITY, TOWN, OR LOCATION Hannibal, Marion, Mo.	
21. I attended the deceased from No Medical attention. and last saw her/him alive on _____ Death occurred at Before 4:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Clyde C. Wilkey, Coroner.		22b. ADDRESS Perry, Mo. Ralls County.	
22c. DATE SIGNED 6-5-57		22d. ADDRESS (City, town, or county) (State) Hannibal Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/5/57	
23c. NAME OF CEMETERY OR CREMATORY Mount Olivet		23d. LOCATION (City, town, or county) (State) Hannibal Missouri	
24. FUNERAL DIRECTOR H. C. ...		25. DATE RECD. BY LOCAL REG. 6-7-57	
26. REGISTRAR'S SIGNATURE Dr. Em. Lucke By W. E. Fisher			

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare Public Service

3

5. 300
7. 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 causally related. Coroner cannot certify to a death due to natural causes.

9-0

(Licensed Embalmer's Statement on Reverse Side)

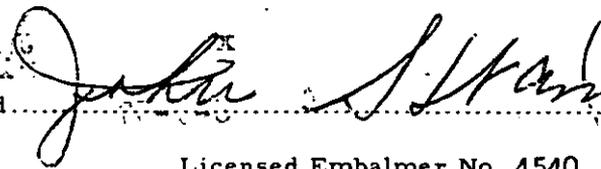
RECEIVED JUN 12 1957
MARION CO. HEALTH DEPT.
DATE FILED JUN 12 1957

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, Student Embalmer No.

working under my personal supervision.

Signature of Student Embalmer

Signed 

Student

Signed

Licensed Embalmer No. 4540

P. O. Address Hannibal Mis

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.