

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1957

47167 021799
STATE FILE NUMBER
4866 Registrar's No. 40

Registration District No. 195 Primary Registration District No. Registrar's No. 40

1. PLACE OF DEATH a. COUNTY McDonald			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE OKla. b. COUNTY Kay		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Noel (Rural)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Chilocco		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION None		Length of stay in lb 5wks.	d. STREET ADDRESS (If outside, give location) Chilocco Indian School		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Marion Claude Hayman			4. DATE OF DEATH Month 6 Day 14 Year 57		
5. SEX Male	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 July 1, 1896	9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Seneca Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Francis Hayman			14. MOTHER'S MAIDEN NAME Cora Pickering		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I.		16. SOCIAL SECURITY NO. 440-40-8390	17. INFORMANT Mrs. Vivian Hayman - Noel, 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) Coronary Embolism DUE TO (b) arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4201					INTERVAL BETWEEN ONSET AND DEATH 10 min 5 yrs.
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 _____ 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 _____ to present and last saw her alive on 6-14-57 Death occurred at 2:15 am on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE A. D. Fountain D.O. (Degree or title)		22b. ADDRESS Noel, Mo.		22c. DATE SIGNED June 14.	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6-17-57	23c. NAME OF CEMETERY OR CREMATORY Riverview Cem.	23d. LOCATION (City, town, or county) (State) Arkansas City, Kans.		
24. FUNERAL DIRECTOR H. M. Humphrey ADDRESS Noel, Mo.		25. DATE RECD. BY LOCAL REG. 6-17-57	26. REGISTRAR'S SIGNATURE Maynard Humphrey		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Copies in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

AUG 12 1957
AUG 2 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..

Student.....
Signature of Student Embalmer

Signed *J. M. Humphrey*
Licensed Embalmer No. 4

P. O. Address *Noel*

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.