

Health,  
Welfare  
Public  
Service

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32956  
STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Rural Newburg</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OR (If NOT in hospital, give location) HOSPITAL OR <u>4.5 MI. SW Rolla</u> INSTITUTION <u>Newburg Route 3</u>		Length of stay in 1b <u>years</u>	d. STREET ADDRESS (If outside, give location) <u>Route 3</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM LESLIE HAYES</u>			4. DATE OF DEATH Month Day Year <u>Sept. 18, 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 13, 1932</u>
9. AGE (In years last birthday) <u>25</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>1 5</u>	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Work</u>	11. BIRTHPLACE (City and state or country) <u>Newburg, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Roy Hayes</u>	
13b. MOTHER'S MAIDEN NAME <u>Bertha Workman</u>		14. NAME OF HUSBAND OR WIFE <u>Never married.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u> <u>XX</u>		16. SOCIAL SECURITY NO. <u>496-40-9993</u>	17. INFORMANT Address <u>Mrs. Roy Hayes, Rt. 3 Newburg Mo.</u>
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Excessive Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Slight Wound in right</u> DUE TO (c) <u>to heart near heart</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>981X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Shotgun wound in right side of chest.</u>	
20c. TIME OF INJURY <u>2:30 p.m. 9-18-57</u>			
20d. INJURY OCCURRED WHILE AT <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.) <u>Farm Home</u>	
20f. CITY, TOWN, OR LOCATION <u>Rt. 3, Newburg</u>		COUNTY STATE <u>Phelps Mo.</u>	
21. I attended the deceased from <u>XX</u> to <u>XX</u> and <u>XX</u> saw him alive on <u>Sept. 18, 1957</u> Death occurred at <u>Approx. 5:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>S. J. Full</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>508 West 8th St., Rolla, Mo.</u>	22c. DATE SIGNED <u>9-19-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 21 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hayes Cemetery</u>
23d. LOCATION (City, town, or county) <u>NW of Rolla Phelps Mo.</u>		(State)	
24. FUNERAL DIRECTOR Null & Sons Funeral Home By <u>Paul E. Null</u>		ADDRESS <u>508 W. 8th.</u>	25. DATE RECD. BY LOCAL REG. <u>Sept. 21, 1957</u>
26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

Phelps County Health Officer,

County File Number 818 817

Date Filed 9-25-57

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 Paul E. Nall

Licensed Embalmer No. 4498

P. O. Address Polla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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