No. 300
10.48

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

FILED FEB 19 1958

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

58-006042
State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 30

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenwood
c. LENGTH OF STAY (in this place): 70 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Town (St. Not Numbered)

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Greenwood
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): Town ( St. Not Numbered)

**3. NAME OF DECEASED** (Type or Print)
a. (First): Sterlie
b. (Middle): -------
c. (Last): Hayes

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 4, 1958

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: April 17, 1881
**9. AGE** (In years last birthday): 76
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): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Farm
**11. BIRTHPLACE** (City and State or Foreign Country): Medicane Lodge, Kansas
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Anderson Hayes
**13b. MOTHER'S MAIDEN NAME**: Mary Ella
**14. NAME OF HUSBAND OR WIFE**: Bertha Hayes

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Bertha Hayes, Greenwood, Missouri

**18. CAUSE OF DEATH** 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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease with decompensation and terminal thromboses — INTERVAL BETWEEN ONSET AND DEATH: 14 yrs

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

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
arthritis legs — 24 yrs
Cataractic blindness — 14 yr

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
4200
**20. AUTOPSY?** YES ☐ NO ☒

**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* 4-26-, 1955, *to* 2-4-, 1958, *that I last saw the deceased alive on* 10-29-, 1957, *and that death occurred at* 2:40 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): A W Eklund MD
**23b. ADDRESS**: Pleasant Hill, Mo
**23c. DATE SIGNED**: 2-5-58

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Feb. 6, 1958
**24c. NAME OF CEMETERY OR CREMATORY**: Greenwood Cemetery
**24d. LOCATION** (City, town, or county) (State): Greenwood, Missouri

DATE REC'D BY LOCAL REG.: 1-5-1958
REGISTRAR'S SIGNATURE: N. B. Langsford
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Langsford Funeral Home, Lee's Summit Mo.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed N. B. Langford Jr.....

Licensed Embalmer No. 496

P. O. Address Lee's Sum

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.