Health, Welfare Public Service

300
1-57

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-007320
STATE FILE NUMBER

Registration District No. 518 Primary Registration District No. 1003 Registrar's No. 2040

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): ST. LOUIS, MISSOURI — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 04 BARNES HOSPITAL — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Howard
c. CITY OR TOWN: Armstrong — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 31 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: DALE Last: HAYES

4. DATE OF DEATH Month Day Year: FEBRUARY 19, 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: June 15, 1941

9. AGE (In years last birthday): 16 — 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): Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Armstrong, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Sam Edward Hayes

13b. MOTHER'S MAIDEN NAME: Lois Engle

14. NAME OF HUSBAND OR WIFE: None

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: Sam Edward Hayes, Address: Armstrong, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE LYMPHOCYTIC LEUKEMIA — INTERVAL BETWEEN ONSET AND DEATH: 8 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 204.3
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 FEB. 13, 1958, to FEB. 19, 1958 and last saw her/him alive on FEB. 19, 1958
Death occurred at 1:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. A. Vermillion, M.D. M. D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 2/20/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2-19-58

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): Armstrong, Mo.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: FEB 20 '58

26. REGISTRAR'S SIGNATURE: Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Stanley T. Delon

Licensed Embalmer No. 4,193

P. O. Address St. Louis, 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.