

No. 300
10.48

FILED MAR 7 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008495
State File No.

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4485 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Garnett</u>	c. LENGTH OF STAY (In this place) <u>52 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Garnett</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		d. STREET (ADDRESS) (If rural, give location) <u>1000</u>	

3. NAME OF DECEASED (Type or Print) <u>MARY ELIZABETH</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>HAYS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 23, 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb 17, 1880</u>		9. AGE (In years last birthday) <u>78</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Wolf Creek, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Phillip Baum</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Knowlton</u>		14. NAME OF HUSBAND OR WIFE <u>John Hays</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>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Hays</u>	
				ADDRESS <u>Garnett, Mo</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

18a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) <u>4201</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from <u>2-7</u> , 19 <u>56</u> , to <u>2-23</u> , 19 <u>58</u> that I last saw the deceased alive on <u>12-21</u> , 19 <u>58</u> , and that death occurred at <u>4:30 p. m.</u> , from the causes and on the date stated above.		

23a. SIGNATURE <u>Edson M. Munnally, M.D.</u>	23b. ADDRESS <u>Care Girardeau, Mo</u>	23c. DATE SIGNED <u>2-24-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-26-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lighton Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Illmo Missouri</u>

DATE REC'D BY LOCAL REG <u>3-1-58</u>	REGISTRAR'S SIGNATURE <u>Mrs. Fred Proplig</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Hoff</u>	ADDRESS <u>Illmo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DATE RECEIVED MAR 4 1958

SCOTT CO. HEALTH DEPT.

CO. FILE NO. 358-61

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
Student Embalmer

Signed Oliver Carmel

Licensed Embalmer No. 4470

P. O. Address Illms, 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 this body is not embalmed, fact should be so stated above.