

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017026
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 33

300
-57

220

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| 1. PLACE OF DEATH a. COUNTY Shelby | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN New Cambria 0619 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in lb 42 Days | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Minnie Anspach Hayes | | | 4. DATE OF DEATH Month Day Year April 28, 1958 | |
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|-------------------------|----------------------------------|---|---|--|--|---------------------------------|
| 5. SEX Female | 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 Feb. 8, 1883 | 9. AGE (In years last birthday) 75 | 10. UNDER 1 YEAR Months Days Hours Min. | 11. UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and state or country) Ethel, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME George W. Anspach | 13b. MOTHER'S MAIDEN NAME Mary Robertson | 14. NAME OF HUSBAND OR WIFE Jasper E. Hayes |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 488 12 1918 | 17. INFORMANT Manford L. Hayes, Shelbina, Mo. | Address |
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| 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 Thrombosis - | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs 5-7 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Coronary Heart Disease - | |
| | DUE TO (c) Hypertensive Heart Disease | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. |
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| 20d. INJURY OCCURRED WHILE AT <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 |
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21. I attended the deceased from Mar 17 to 58 and last saw her alive on Apr 25, 1958
Death occurred at 4100 A m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) D. J. Tomei D.O. | 22b. ADDRESS Shelbina Mo | 22c. DATE SIGNED 4/29/58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE May 1, 1958 | 23c. NAME OF CEMETERY OR CREMATORY New Cambria Cemetery | 23d. LOCATION (City, town, or county) (State) New Cambria, Missouri |
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| 24. FUNERAL DIRECTOR Hayes Funeral Home, Shelbina, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. Apr 29-58 | 26. REGISTRAR'S SIGNATURE Ada Garrison |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Paul E. Hayes*

Licensed Embalmer No. 4461

P. O. Address Shelbina, 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.