

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018931
State File No.

FILED MAY 28 1958

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3639 Registrar's No. 318

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give town) Marceline	c. LENGTH OF STAY (in this place) 12 yrs	c. CITY OR TOWN Marceline	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION S. Kansas		e. STREET ADDRESS (If rural, give location) S. Kansas	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Lewis	b. (Middle) Johnson	c. (Last) Hayes	(Month) 5	(Day) 13	(Year) 58
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 5/6/1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 7
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Chariton Co. Mo.	
13a. FATHER'S NAME William Hayes			13b. MOTHER'S MAIDEN NAME Amy Phippen		14. NAME OF HUSBAND OR WIFE Belle Hayes
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Belle Hayes Marceline, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate with pulmonary metastases			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) Pneumonia			
		DUE TO (c) Arteriosclerotic cardiovascular disease			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 177X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **July**, 19**58**, to **May 13**, 19**59**, that I last saw the deceased alive on **May 12**, 19**58**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE George J. J...		(Degree or title) 0		23b. ADDRESS Marceline, Missouri		23c. DATE SIGNED 5-15-58	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5/15/58		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) Marceline, Mo.	
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DATE REC'D BY LOCAL REG. 5-15-58		REGISTRAR'S SIGNATURE Brookie Owens		25. FUNERAL DIRECTOR'S SIGNATURE James M. Laughlin		ADDRESS Marceline, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *James B. McClelland*

Licensed Embalmer No. *4230*

P. O. Address *Brookfield*

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.