

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019183

STATE FILE NUMBER

FILED MAY 23 1958 Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 46

S. 300  
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |                                    |   |  |  |   |
|--|------------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Perry</b>  |                                    |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR <b>Perryville</b>  |                                    | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Perryville</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Perry County Memorial Hosp.</b>  |                                    | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br><b>R. 1.</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Mary Elizabeth Hayden</b>   |                                    |   | 4. DATE OF DEATH<br>Month Day Year<br><b>April 14, 1958</b>  |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 24, 1875</b>   | 9. AGE (In years last birthday) <b>82</b><br>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)<br><b>Housewife</b>  |                                    | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Perry County, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |
| 13a. FATHER'S NAME<br><b>Thomas H. Layton</b>  |                                    | 13b. MOTHER'S MAIDEN NAME<br><b>Mary E. Brewer</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Goria Hayden</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |                                    | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address<br><b>Mrs. Ves Michaud, Perryville, Mo</b>   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>  |                                    |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 d.</b>  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary Atherosclerosis</b>  |                                    |   |  | years  |   |
| DUE TO (c) <b>4201</b>   |                                    |   |  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Hypertension</b>   |                                    |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>    |   |
| 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.)   |  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |                                    |   |  |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <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  |
| 21. I attended the deceased from <b>5-7-58</b> to <b>4-14-58</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>4-14-58</b><br>Death occurred at <b>12:50 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                    |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>G. F. Fairchild, M.D.</b>   |                                    |   | 22b. ADDRESS<br><b>Perryville, Mo.</b>   |  | 22c. DATE SIGNED<br><b>4-16-58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>April 16, 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Hope Cem.</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Perryville, Mo.</b>                              |   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Albert Bey, Perryville, Mo.</b>   |                                    | 25. DATE RECD. BY LOCAL REG.<br><b>April 17-58</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Joe J. Zuelke</b>  |  |   |

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(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1967

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, ~~by~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....

*Albert Bey*  
Licensed Embalmer No. *3766*  
P. O. Address *Perryville,*

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.