

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028693
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kennett 0352
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Presnell Hosp.		Length of stay in 1b 2 days	d. STREET ADDRESS (If outside, give location) 610 Whitney
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Drucella Hayden			4. DATE OF DEATH Month Sept. Day 4 Year 1958		
First	Middle		Last	Month	Day

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 July 24, 1904	9. AGE (In years, ^{or by day} 54) IF UNDER 1 YEAR: Months 2 To 10 IF UNDER 24 HRS.: Hours 0 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 -----	11. BIRTHPLACE (City and state or country) Kennett, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Sut Struggess	13b. MOTHER'S MAIDEN NAME Edna Joyce	14. NAME OF HUSBAND OR WIFE Oscar Hayden
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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. none	17. INFORMANT Oscar Hayden Kennett, Missouri	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) Cardiac Arrest		INTERVAL BETWEEN ONSET AND DEATH 30 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Colon obstruction - sigmoid	10 days
	DUE TO (c) Probably Carcinoma 1533	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Heart massaged + O2		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 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
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21. I attended the deceased from Sept 3 '58 to Sept 4 1958 and last saw her/him alive on Sept 4, 1958 Death occurred at 2:09 a m on the date stated above; and to the best of my knowledge, from the cause stated.

22. SIGNATURE (Degree or title) Paul C. Milton M.D.	22b. ADDRESS Kennett, Mo	22c. DATE SIGNED 9-6-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 6, 58	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge	23d. LOCATION (City, town, or county) (State) Kennett, Missouri
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24. FUNERAL DIRECTOR McDaniel Kennett, Missouri	ADDRESS	25. DATE RECD. BY LOCAL REG. 9-6-1958	26. REGISTRAR'S SIGNATURE Paul H. ...
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Milton

SEP 12 1958

SEP 18 1958

SEP 19 1958

OCT 8 1958

OCT 28 1958

DEPARTMENT OF HEALTH
COUNTY FILE NUMBER

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 *Hubert B. Baird*

Licensed Embalmer No. *4888*

P. O. Address. *Kennett, 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.