

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029404

STATE FILE NUMBER

FILED SEP 2 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 411

5. 300
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission) a. STATE OKLA. b. COUNTY OKLA.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LUTHER ³⁵
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b 8 HRS.	d. STREET ADDRESS (If outside, give location) UNKNOWN
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First ROY Middle C. Last HAYES			4. DATE OF DEATH Month AUG Day 28 Year 1958	
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5. SEX MALE	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 OCT 30, 1895	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.	IF 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) MERCHANT	10b. KIND OF BUSINESS OR INDUSTRY RETAIL GROCERY	11. BIRTHPLACE (City and state or country) LUTHER, OKLA.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME CHARLES C. HAYES	13b. MOTHER'S MAIDEN NAME ELSIE L. ROY	14. NAME OF HUSBAND OR WIFE HELEN G. 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) YES W. W. I.	16. SOCIAL SECURITY NO.	17. INFORMANT RAYMOND HAYES	Address LUTHER, OK
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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 Occlusion fatal** Interval between ONSET AND DEATH **Less than 1 Hour**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **with arterio sclerotic generalised**

DUE TO (c) **Diabetes Mellitus severe 260X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **was attended by his local physician in Luther Okla**

19. WAS AUTOPSY PERFORMED? YES NO **2**

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 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
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21. I attended the deceased from **did not attend** and last saw her alive on **him**

Death occurred at **10 A.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Med. Arts Reg.	22b. ADDRESS Med. Arts Reg.	22c. DATE SIGNED 8-29-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE AUG 28, 1958	23c. NAME OF CEMETERY OR CREMATORY UNKNOWN	23d. LOCATION (City, town, or county) (State) OKLA CO, OKLA
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24. FUNERAL DIRECTOR HURLBUT-GLOVER	ADDRESS JOPLIN	25. DATE RECD. BY LOCAL REG. 8-29-58	26. REGISTRAR'S SIGNATURE Dove Merriam
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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 *Dale Glover*

Licensed Embalmer No. *4593*

P. O. Address *Joplin*

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.