

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033535

STATE FILE NUMBER

FILED OCT 7 1958 Registration District No. 210 Primary Registration District No. 5771 Registrar's No. 56

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marian Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Mercer</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Own Home</b>		Length of stay in lb <b>20 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>Marian Twp.</b>
3. NAME OF DECEASED (Type or print) First <b>Oscar</b> Middle <b>William</b> Last <b>Hayes</b>			4. DATE OF DEATH Month <b>Sept</b> Day <b>17</b> Year <b>1958</b>
5. SEX <b>Male</b> C	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 15, 1897</b>
9. AGE (In years last birthday) <b>60</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Speed Hayes</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Jane Nickell</b>
14. NAME OF HUSBAND OR WIFE <b>Eva Hayes</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>491-42-3227</b>
17. INFORMANT <b>Eva Hayes</b>		Address <b>Lineville Iowa</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b> <b>Acute Coronary thrombosis and Infarction</b> <b>Coronary Thrombosis with Myocardial Infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) <b>4201</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 mins.</b> <b>15 mins.</b> <b>3 weeks</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? 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 Hour Month, Day, Year a.m. p.m.	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 <b>Mercer, Missouri</b>		STATE
21. I attended the deceased from <b>Aug. 28 1958</b> to <b>Sept. 17, 1958</b> last saw her/him alive on <b>Sept. 17, 58</b> Death occurred at <b>10:40 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Geo. Harrison MD</b> (Degree or title)		22b. ADDRESS <b>Mercer, Missouri</b>	22c. DATE SIGNED <b>9/25/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept 20, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lineville Iowa</b>
24. FUNERAL DIRECTOR <b>Amel Gruber</b>	ADDRESS <b>Lineville Ia.</b>	25. DATE RECD. BY LOCAL REG. <b>9-25-58</b>	26. REGISTRAR'S SIGNATURE <b>Bole Mase</b>

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

MEDICAL CERTIFICATION

FEB 27 1961

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

Student .....  
Signature of Student Embalmer

Signed *Paul L. Greuler* .....

Licensed Embalmer No. *3967* .....  
P. O. Address *Louisville, 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.