Health, & Welfare Public Service

C

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034304
STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9204

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 04 BARNES HOSPITAL — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Ste. Genevieve
c. CITY OR TOWN: Ste. Genevieve 0950 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 31 Route 2 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First NORBERT Middle O. Last HAYDEN

4. DATE OF DEATH: Month SEPTEMBER Day 23 Year 1958

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: April 26, 1882
9. AGE (In years last birthday): 76 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Red Bud, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Cornelius Hayden
13b. MOTHER'S MAIDEN NAME: Mary Fox
14. NAME OF HUSBAND OR WIFE: Marie Hayden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Marie Hayden, Address: Ste. Genevieve, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTESTINAL OBSTRUCTION — INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) FEMORAL HERNIA — ?
DUE TO (c) 5611

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): PULMONARY EMPHYSEMA

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 SEPT. 20, 1958, to SEPT. 23, 1958 and last saw her/him alive on SEPT. 23, 1958
Death occurred at 6:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. C. Vermillion, M. D. (Degree or title) M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 9/23/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-24-58
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Perryville, Mo.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.
(Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: SEP 24 '58
26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D. mjs

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.

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 ..... Signed Robert M. Murray
Signature of Student Embalmer

Licensed Embalmer No. 3949

P. O. Address St. Louis, 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.