t. Health,
& Welfare
S. Public
th Service

S. 300
v. 1-57

W.R. Davis D.O.

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036130
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 128 Primary Registration District No. — Registrar's No. 1029

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Walnut Grove — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): (Home) — Length of stay in 1b: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Walnut Grove — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 039 0 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ren Middle: Elmer Last: Hayes

4. DATE OF DEATH Month Day Year: Oct. 25, 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] / DIVORCED [ ]

8. DATE OF BIRTH: August 25, 1887

9. AGE (In years last birthday): 71 — 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: Farm

11. BIRTHPLACE (City and state or country): Greene County, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Geo. M. Hayes

13b. MOTHER'S MAIDEN NAME: Millie Kelly

14. NAME OF HUSBAND OR WIFE: Golden Myrtle Hayes

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.: 499-07-9138

17. INFORMANT Address: Golden Myrtle Hayes-Walnut Grove, Mo.

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.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Circulatory Failure	2 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Occlusion	30 min
DUE TO (c)	hypertension (arteriosclerotic)	2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

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 Nov. 1955, to Oct. 24 1958 and last saw her/him alive on Oct. 24 1958
Death occurred at ~~Oct. 24 1958~~ 8:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W R Davis (Degree or title) D.O.

22b. ADDRESS Walnut Grove Mo.

22c. DATE SIGNED 10/25/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-27-1958

23c. NAME OF CEMETERY OR CREMATORY: John's Chapel Cem.

23d. LOCATION (City, town, or county) (State): Greene County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Rex Rainey-Springfield, Mo.

25. DATE RECD. BY LOCAL REG.: 10-29-58

26. REGISTRAR'S SIGNATURE Effie E. Mellon

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1958

NOV 25 1958

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 [illegible]

Licensed Embalmer No. 3812

P. O. Address Springfield, 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.