

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038958
STATE FILE NUMBER

042
Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 1225

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital Length of stay in 1b 4 years
d. STREET ADDRESS (If outside, give location) 110 S. 12th Reside on Form Yes No

3. NAME OF DECEASED First Middle Last (Type or print) RUSSELL HAYES
4. DATE OF DEATH Month Day Year Nov. 8, 1958

5. SEX male 6. COLOR OR RACE white 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Jan. 18, 1906 9. AGE (In years last birthday) 52 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance 11. BIRTHPLACE (City and state or country) Decatur Co., Iowa 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Hayes 13b. MOTHER'S MAIDEN NAME Tessie Trail 14. NAME OF HUSBAND OR WIFE Dorothy

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. 486-12-6049 17. INFORMANT Address St. Joseph, Mo. Mrs. Russell Hayes, 110 S. 12th.

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
Coronary sclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
INTERVAL BETWEEN ONSET AND DEATH 1 hr.
19. WAS AUTOPSY PERFORMED? YES 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 Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT 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 6-21-58 to 7-21-58 and last saw her alive on 7-21-58
Death occurred at 12:01 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. E. Brown 22b. ADDRESS St Joseph Mo 22c. DATE SIGNED 11-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 11/9/58 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Trenton, Missouri

24. FUNERAL DIRECTOR ADDRESS Heaton-Bowman--St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. Nov. 17, 1958 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.
Dr. M.E. Grimes

FEB 24 1950

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 *William Spallone*

Licensed Embalmer No. *14535*

P. O. Address *St. Joseph, 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.