

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039537  
STATE FILE NUMBER

Health, Welfare, Public Service

FILED DEC 15 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1175

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-57

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|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buene</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Springfield</u>             | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Bois D'arc</u>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>633 Cherry St</u> | Length of stay in lb   | d. STREET ADDRESS (If outside, give location)   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>JOHN</u> Middle <u>ABRAHAM</u> Last <u>HAYES</u> |  |  | 4. DATE OF DEATH<br>Month <u>DEC</u> Day <u>6</u> Year <u>1958</u> |  |  |
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|--------------------|-------------------------------|---|--|--|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><u>AUG 30 1884</u> | 9. AGE (In years last birthday)<br><u>74</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Min. _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>RETIRED PAINTER</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>FRUEHAUF TRAILER</u> | 11. BIRTHPLACE (City and state or country)<br><u>MT Vernon, Kentucky</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>Colby Hayes</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Susan Brown</u> | 14. NAME OF HUSBAND OR WIFE |
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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)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>500-12-2083</u> | 17. INFORMANT<br><u>Bernard J Hayes</u> Address <u>7010 N 31st St Omaha Nebraska</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma of pancreas</u><br>DUE TO (b) <u>&amp; carcinomatosis</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>sev. mos.</u> |
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| 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<br>Hour _____ 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<br><u>Springfield, Mo</u> | COUNTY <u>Greene</u> | STATE <u>Missouri</u> |
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| 21. I attended the deceased from <u>1956</u> , to <u>12-6-58</u> and last saw <u>him</u> alive on <u>11-27-58</u><br>Death occurred at <u>12:05 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE<br><u>G B Lemmon Jr</u> (Degree or title) | 22b. ADDRESS<br><u>Springfield, Mo</u> | 22c. DATE SIGNED<br><u>12-10-58</u> |
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|  |                                |  |   |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>Dec 9-1958</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Yeshley Chapel Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Bois D'arc Missouri</u> |
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| 24. FUNERAL DIRECTOR<br><u>Brown - Daniel - Ash Grove - Mo</u> | 25. DATE RECD. BY LOCAL REG.<br><u>12-11-58</u> | 26. REGISTRAR'S SIGNATURE<br><u>Effie G. Melton</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

6231 9 1971

### 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 *Lewis D Schupp* .....

Licensed Embalmer No. *3802* .....

P. O. Address *Springfield* .....

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.