

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040915

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No.

264

Primary Registration District No.

4394

Registrar's No.

42

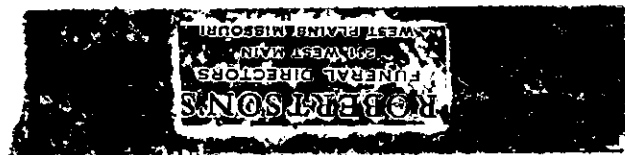
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE <u>Missouri</u> c. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bakersfield</u> Inside Limits ☒ No ☐		c. CITY OR TOWN <u>Bakersfield</u> Inside Limits ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) <u>4698</u>		d. STREET ADDRESS <u>4698</u> Outside, give location ☒	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Clyde</u> Last <u>Hayes</u>		4. DATE OF DEATH Month <u>11</u> Day <u>26</u> Year <u>1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>5-8-1882</u>
9. AGE (In years, months, days) <u>76</u> <u>6</u> <u>18</u>		10. BIRTHPLACE (City and state or country) <u>Granger Co., Tenn.</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Reubin Hayes</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Colley</u>	
14. NAME OF HUSBAND OR WIFE <u>Lysia Hayes</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ☒	
16. SOCIAL SECURITY NO. <u>334X</u>		17. INFORMANT <u>Lysia Hayes, Bakersfield, Mo.</u> Address <u>334X</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Arteriosclerosis</u> DUE TO (b) <u>Senile</u> DUE TO (c) <u>ty</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>
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 <u>7-27-58</u> to <u>11-26-58</u> and last saw her alive on <u>11-20-58</u> Death occurred at <u>5:50 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. J. Stebbins MD</u> (Degree or title)		22b. ADDRESS <u>West Plains Mo</u>	
22c. DATE SIGNED <u>12-9-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11/28-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bakersfield</u>	23d. LOCATION (City, town, or county) (State) <u>Bakersfield, MO</u>
24. FUNERAL DIRECTOR <u>Robertson, West Plains, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-13-1958</u>	26. REGISTRAR'S SIGNATURE <u>Thane Mahan</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secondary causes of death are only recorded if they are not the cause of death. All diseases in Part I must be causally related.

(Continuation of Statement on Reverse Side)



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 *J. J. Robertson*

Licensed Embalmer No. *3487*

P. O. Address *West Main*

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.