

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041674

STATE FILE NUMBER

318

1003

10390

FILED NOV 18 1958

Registration District No.

Primary Registration District No.

Registration District No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pagedale 4000		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 27 6732 Robin Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIE Middle LEE Last HAYDEN			4. DATE OF DEATH Month Day Year October 30th, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 30th, 1880	9. AGE (In years) (Specify birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Andrew Smith		13b. MOTHER'S MAIDEN NAME Alice Thurman		14. NAME OF HUSBAND OR WIFE James Richard Hayden	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Charles Coopridger 6732 Robin Avenue		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>ENCEPALOMALARIA</i> DUE TO (c) <i>4200</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i> <i>3 wks</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY STATE
21. I attended the deceased from <i>Oct 1956</i> to <i>10/30/58</i> and last saw her alive on <i>10/29/58</i> Death occurred at <i>12:05 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Charles J. Harris M.D.</i>			22b. ADDRESS 5298a Page Avenue		22c. DATE SIGNED 10/30/1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/30/1958	23c. NAME OF CEMETERY OR CREMATORY Farmington City Cemetery		23d. LOCATION (City, town, or county) (State) Farmington, Kentucky
24. FUNERAL DIRECTOR C. R. Lupton & Sons		ADDRESS 7233 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. OCT 30 '58	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 .....  
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *3864*  
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.