

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001715
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 44
FILED JAN 27 1959

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN 0495	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSP.		d. STREET ADDRESS (If outside, give location) 409 N. JOPLIN ST.	
Length of stay in 1b 40 YRS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last LEONA HAYS			4. DATE OF DEATH Month Day Year JANUARY 10, 1959		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 5, 1907	9. AGE (In years last birthday) 51	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) NEVADA, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HENRY HAMMER	13b. MOTHER'S MAIDEN NAME MILDRED DICKENS	14. NAME OF HUSBAND OR WIFE FRANK M. HAYS
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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) NO	16. SOCIAL SECURITY NO. UNK	17. INFORMANT FRANK M. HAYS, 409 N. JOPLIN STREET
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) — Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 wk 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) — Obstructive Carcinomatosis DUE TO (c) —		
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 checked="" type="checkbox"/> NO <input 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.) 1992
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from 6-1-53 to 1-10-59 and last saw her alive on 1-10-59 Death occurred at 1-10-59 8:20 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Alice H. Wilson, M.D.	22b. ADDRESS 1923 Sergeant, Joplin, Mo	22c. DATE SIGNED 1-13-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-12-59	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK, JOPLIN, MISSOURI	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN,	25. DATE RECD. BY LOCAL REG. MO. 1-20-59	26. REGISTRAR'S SIGNATURE Dove Merriam
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *F. M. Jones*

Licensed Embalmer No. *2319*.....

P. O. Address *Joplin 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.